



Instituto Português do Sangue e da Transplantação, IP

FORMAL COLLECTION REQUEST / PATIENT AND DONOR DETAILS



Registo Português de Dadores de Medula Óssea
Portuguese Bone Marrow Donors Registry

IMP.3190.4

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Patient HLA Typing

Patient Name		Patient ID		Date of Birth		
Gender	CMV	Blood Group		Weigh (Kg)		
DNA Typing						
A*	B*	Cw*	DRB1	DRB 3/4/5	DQB1	DPB1
A*	B*	Cw*	DRB1	DRB 3/4/5	DQB1	DPB1

Patient Clinical Condition

Diagnosis & current disease stage
Describe patient clinical condition
This Work-up is considered : Urgent <input type="checkbox"/> Standard <input type="checkbox"/>

Donor Confirmatory Typing (confirmed by TC Lab.)

Donor ID#	Gender	Date of Birth	CMV	Blood Group	Weigh (Kg)	
	M <input type="checkbox"/>	____/____/____	Pos. <input type="checkbox"/>			
Grid:	F <input type="checkbox"/>		Neg. <input type="checkbox"/>			
DNA Typing						
A*	B*	Cw*	DRB1	DRB 3/4/5	DQB1	DPB1
A*	B*	Cw*	DRB1	DRB 3/4/5	DQB1	DPB1

Person Completing Form	Signature	Date