Gift of Life Marrow Registry
800 Yamato Road, Suite 101
Boca Raton, Florida 33431 USA

Phone: +1.561.982.2900
Donor Services Fax: +1.561.982.2902
Email: donors@giftoflife.org
giftoflife.org

Confirmatory Typing Sample Request

INSTRUCTIONS: To be completed by Transplant Center and sent to Donor Services at donors@giftoflife.org or fax: 561.982.2902.

Date of Request		**Donor Identification Number(s)**				
Patient Name		**Patient Identification Number**				
Transplant Center or Registry Submitting Request		**Coordinator or Physician Submitting Request**				
Date of Birth (month/day/year)	**Sex** ☐ Male ☐ Female	**CMV Status** ☐ Positive ☐ Negative	**Blood Group / Rh Factor**			
Diagnosis and Stage		**Patient HLA: Class I & II Molecular**				
		A*	**B***	**C***	**DRB1***	**DQB1***
Diagnosis Date	**Ethnicity**					
Are haplotypes defined? ☐ Yes ☐ No						

Peripheral Blood Sample Requirements

- Infectious Disease Markers are performed by the Registry on all domestic and international requests.
- There is a 50 mL limit on all requests. Volume in excess of maximum will be reduced by Donor Center.

Tube and Media	**Volume (in mL)**
EDTA (lavender top)	
ACD (yellow top)	
Sodium Heparin (green top)	
Serum Separated (tiger top)	
Clotted (red top)	

Delivery Address:
.....
.....
.....
.....

Contact Person:.....

Telephone Number:.....

Shipping Preference:
☐ Federal Express (Priority Overnight) ☐ World Courier (additional charges apply)
☐ Royale International (additional charges apply)

Preferred Receipt Date (month / day / year)	**Alternate Receipt Date** (month / day / year)	**Samples may be received on the following days (circle all that apply):**
		M Tu W Th F Sa Su No Restriction Does the lab need to be informed ahead of time? ☐ Yes ☐ No If Yes, number of days in advance: .....