



FORMAL STEM CELL DONOR WORK UP REQUEST (FIRST TRANSPLANT)

Instructions for Transplant Center: Complete this form and the Prescription. Send them together with the donor's HLA typing obtained at CT to donors@giftoflife.org or fax to +1.561.982.2902.

PATIENT DATA

Patient First Name		Patient Last Name		Patient ID Number	Date of Birth
Gender	CMV	Weight (kg)	Blood Group	Ethnicity	
Diagnosis		Current Disease Status		Caucasian Ashkenazi Jewish Sephardic Jewish African American Native American Asian / Pacific Island Hispanic / Latino Other, specify:	
Patient HLA Typing Results					
A		B		Cw	
DRB1*		DQB1*			

DONOR DATA

Donor ID Number:	Gender:	Weight (kg):	CMV:	Blood Group:	
Donor HLA Typing Results					
A		B		Cw	
DRB1*		DQB1*			

TRANSPLANT CENTER DATA

PRODUCT AND COLLECTION DATA

Transplant Center Name and Complete Address	Preferred Dates: For HPC, Marrow, list preferred harvest date. For HPC, Apheresis, list preferred date of first apheresis.		
		Clearance Date	Collection Date
	Preferred		
	Alternate		
Contact Name at Transplant Center	Number of days of Conditioning:		
Contact Telephone	Note: Patient Conditioning must not be undertaken until the Registry has confirmed the donor to be medically fit and the results of all screening tests have been reported and accepted by the Transplant Center.		
Contact Fax	Product Preference		
Contact E-mail	Enter numeric value to indicate preference: 1 = first choice; 2 = second choice, 0 = not considered if first choice is unavailable.		
Hub Registry representing TC, if applicable:	HPC, Marrow..... HPC, Apheresis..... How should communications be routed? <input type="checkbox"/> Directly to the TC Registry <input type="checkbox"/> Via Hub		

PROTOCOL DATA (a brief protocol flow chart may be enclosed)

Products that are included in the protocol and therefore may be requested later:

<input type="checkbox"/> One MNC, Apheresis	<input type="checkbox"/> > One MNC, Apheresis	<input type="checkbox"/> Additional HPC, Marrow	<input type="checkbox"/> Additional HPC, Apheresis
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By signing this form, the Transplant Center agrees to Gift of Life's fee schedule, payment terms, policies and procedures associated with donor workup, clearance, collection and potential cancellation.

Authorized Representative Name and Title	Signature	Date
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