CORD BLOOD UNIT SEARCH REQUEST FORM



REQUESTING CENTRE					
Transplant Centre			SCBB Ref. ID	(for SCBB	Use only)
Patient type			Transplant Physicia	n	
PATIENT INFORMATION					
First Name			Surname		
Patient ID			Date of Birth (dd-mmm-yyyy)		
ABO RhD			Gender		
Diagnosis			Weight (kg)		
Race / Ethnicity	Specify if "Others"				
PATIENT HLA DETAILS					
We recommend high resolution HLA typing for HLA-A, B, C, DRB1 loci using DNA. Attach the copy of the patient HLA typing. SCBB use WMDA's The Search & Match Service uses the OptiMatch® matching algorithm that helps to provide probability matching using haplotype frequencies. Class I matched at antigen level, Class II match at allele level.					
HLA Class I					
HLA – A		HLA – B		HLA – C	
HLA Class II					
HLA – DRB1		HLA – DQB1		HLA - DPB1	
I declare that the patient has been informed and obtained consent about transmission of their information to third party search service providers.					
REQUESTING PERSON					
Requester Name					
Address					
Email				I	
Phone No.			Date		

Complete the form electronically, save and email to search@scbb.com.sg

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