

REQUEST FOR FREE CMV/ABO TESTING

The request for CMV status testing as part of our High Risk program enables you to receive information about the CMV IgG status of donors that are already HLA typed in high resolution. Additionally to CMV status, blood group and Rhesus factor (Rh D) will be determined if not yet available.

DONOR REQUEST

Donor choice preferences (if available):		
Gender: <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> no preference	CMV: <input type="checkbox"/> pos. <input type="checkbox"/> neg.	Blood group: ABO: _____ Rh D: <input type="checkbox"/> no preference
Request for the following DKMS donors (if left empty, DKMS will choose possible donors):		
In case the DKMS shall choose possible donors for you: Are 9/10 mismatches accepted? <input type="checkbox"/> yes <input type="checkbox"/> no		

PATIENT INFORMATION

First Name:		Last Name:				
Date of Birth: (dd/mm/yyyy)		Transplantation Centre:				
Gender: <input type="checkbox"/> male <input type="checkbox"/> female		CMV: <input type="checkbox"/> pos. <input type="checkbox"/> neg.				
DNA Typing:						
A*	B*	C*	DRB1*	DQB1*	DPB1*	DRB3/4/5*
A*	B*	C*	DRB1*	DQB1*	DPB1*	DRB3/4/5*
Patient clinical data:						
Diagnosis:			This unrelated donor search is considered:			
Current disease stage:			<input type="checkbox"/> Urgent <input type="checkbox"/> Standard			
Are costs for donor typing during the search process covered by health insurance fund or other sources (allowances, grants)? <input type="checkbox"/> yes <input type="checkbox"/> no (Please provide a copy of letter of rejection)						

CONTACT AT TRANSPLANTATION CENTRE

Results should be sent to <input type="checkbox"/> Physician <input type="checkbox"/> BMT coordinator		
Title:	First Name:	Last Name:
Address:		
Zip-Code:	City:	Country:
E-mail:		
Tel.:		Fax:
Herewith I request free CMV/ABO testing for potential donors by DKMS and confirm that the information given above is accurate and complete.		
Person completing form:	Signature:	Date: (dd/mm/yyyy)