Contact: TCS Team
DKMS
Kressbach 1
72072 Tübingen
Tel: +49 7071 943 0
Fax: +49 7071 943 1999
E-mail: tcs@dkms.de

FREE TYPING PROGRAM FOR RELATED DONORS

RELATED PATIENT INFORMATION

First Name:	Last Name:	
Date of Birth: (mm/dd/yyyy)		
HLA data of patient attached	☐ yes	☐ no, will follow asap

CONTACT AT TRANSPLANT CENTER

Results should be sent to	☐ Physician	☐ BMT Coordinator
Title:	First Name:	Last Name:
Address:		
City:	Country:	Zip code:
E-mail:		
Tel.:		

Person completing form:	Signature:	Date: (mm/dd/yyyy)

RELATED DONOR INFORMATION (please provide as accurate and detailed information as possible)

First Name:	Last Name:	
Address:		
City:	Country:	Zip code:
E-mail:	Mobile:	
Date of Birth:(mm/dd/yyyy)	Relationship to patient:	
English speaking donor:	☐ yes	☐ no

If no, please provide English speaking contact person for organisational reasons

Name:	Relationship to donor:
Tel:	E-mail:

COLLECTION OF DONOR

If donor is a match, how do you plan to organize the collection?
☐ Stem cells will be collected in our center
☐ We are interested in DKMS coordinating the collection **(for more information please contact familydonors@dkms.org)**