Contact: **Alois Grathwohl**
DKMS
Kressbach 1
72072 Tübingen
T: +49 7071 943 2022
F: +49 7071 943 2090
E-mail: grathwohl@dkms.de

REQUEST FOR HIGH RISK SEARCH

PATIENT INFORMATION

First Name:			Last Name:			
Date of Birth: (dd/mm/yyyy)			Transplantation Centre:			
Gender: ☐ male ☐ female	CMV: ☐ pos. ☐ 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:	☐ Urgent ☐ Standard
Are costs for donor typing during the search process covered by health insurance fund or other sources (allowances, grants)? ☐ yes ☐ no (Please provide a copy of letter of rejection)	

UNRELATED DONOR SEARCH INFORMATION

Are HLA mismatches accepted? ☐ None ☐ 9/10 ☐ 8/10			☐ Antigen MM? ☐ Allele MM?	
Please specify loci in which the mismatch would be acceptable (optional):				
A* ☐	B* ☐	C* ☐	DRB1* ☐	DQB1* ☐
Donor choice preferences (if available):				
Gender: ☐male ☐female	CMV: ☐ pos. ☐ neg.		Other:	
Comments:				

CONTACT AT TRANSPLANTATION CENTRE

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

Herewith I request free typing of potential donors within the High Risk program by DKMS and I confirm that the information given above is accurate and complete.		
Person completing form:	Signature:	Date: (dd/mm/yyyy)