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| **PATIENT DETAILS** | | | | | | | | | | | | |
| Patient surname |  | | Patient forename | | | |  | | | | | |
|  |  |  |  | | | |  | | | |  | |
| DOB (day/month/year) |  | Gender | MALE | | FEMALE | | Blood Group | | | |  | |
|  |  |  |  | | | |  | | | |  | |
| ID assigned by Anthony Nolan |  | ID assigned by recipient’s TC/registry |  | | | | CMV Status | | | |  | |
|  |  |  |  | | | |  | | | |  | |
| Transplant Centre |  | | | | | | | | | | | |
|  |  |  |  | | | |  | | | |  | |
| Status | Urgent | Non urgent | Proposed date for transplant | | | | | | | |  | |
|  | | | | | | | | | | | | |
| **SELECTED DONOR IDENTIFICATION NUMBERS** | | | | | | | | | | | | |
| **GRID** | | | **DONOR ID** | | | | | | | | | |
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| **BLOOD SAMPLE REQUIREMENTS** (maximum 50mls) | | | | | | | | | | | | |
|  | ml EDTA |  | ml Clotted | | | |  | | | |  | |
|  |  |  |  | | | |  | | | |  | |
|  | ml ACD |  | ml Heparin | | | |  | | | |  | |
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| **SHIPMENT** | | | | | | | | | | | | |
| **Delivery details** |  |  | **Invoicing details** | | | | | | | | | |
| Name |  | |  |  | | | | | | | | |
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| Address |  | |  |  | | | | | | | | |
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| Telephone number |  | |  |  | | | | | | | | |
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| Fax |  | |  |  | | | | | | | | |
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| Email |  | |  |  | | | | | | | | |
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| Days of the week samples cannot be received (excluding Sat/Sun) | | | MON | | | TUES | | WED | | THUR | | FRI |
|  |  |  |  | | | |  | | | |  | |
| **Please note: no refund can be made for shipped samples that are found to be HLA mismatched** | | | | | | | | | | | | |
|  |  |  |  | | | |  | | | |  | |
| Person completing form |  | Signature |  | | | | Date day/month/year | | | |  | |