|  |
| --- |
| **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 |  |  |
|  |  |  |  |  |  |
| **SHIPMENT** |
| **Delivery details** |  |  |  **Invoicing details** |
| Name |   |  |   |
|  |  |  |  |  |  |
| Address |   |  |   |
|  |  |  |  |  |  |
|   |  |   |
|  |  |  |  |  |  |
| Telephone number |   |  |   |
|  |  |  |  |  |  |
| Fax |   |  |   |
|  |  |  |  |  |  |
| Email |   |  |   |
|  |  |  |  |  |  |
| 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 |  |