Český národní registr dárců dřeně

CZECH NATIONAL MARROW DONORS REGISTRY

Czech Republic, 323 00 Plzeň, Alej Svobody 80

Fax: +420 377 259 072, Phone: +420 377 533 300, E-mail: registr@kostnidren.cz

PRELIMINARY SEARCH REQUEST

Date of request: (YYYY-MM-DD)	Type of search to be performed:	Is this search urgent?	☐ Yes ☐ No
		Are mismatches accepted?	☐ Yes ☐ No
Patient name:		Patient ID: (assigned by requesting registry)	
Date of birth: (YYYY-MM-DD)	Gender:	Weight (kg):	CMV: Blood group Rh/D:
Diagnosis:		Time of diagnosis (YYYY-MM):	
Phenotype number (optional):		Race (optional):	

For Czech Resident only:	Rodné číslo:	Pojišťovna:

PATIENT HLA

Locus:	First antigen:	Second antigen:	Testing method:
A			☐ Sero. ☐ DNA Clear
B			☐ Sero. ☐ DNA Clear
C			☐ Sero. ☐ DNA Clear
DRB1			☐ Sero. ☐ DNA Clear
DRB3/4/5			☐ Sero. ☐ DNA Clear
DQA1			☐ Sero. ☐ DNA Clear
DQB1			☐ Sero. ☐ DNA Clear
DPA1			☐ Sero. ☐ DNA Clear
DPB1			☐ Sero. ☐ DNA Clear

Requesting registry:	Coordinator:	
Phone:	Fax:	E-mail:
Transplant center:		

Person completing form:	Date (YYYY-MM-DD):	Signature:

WMDA

Reset Form