Český národní registr dárců dřeně

CZECH NATIONAL MARROW DONORS REGISTRY

Czech Republic, 323 00 Plzeň, Alej Svobody 80

Fax: +420 373 034 442, Phone: +420 373 034 333, E-mail: registr@kostnidren.cz

BLOOD SAMPLE REQUEST FOR VERIFICATION TYPING

PATIENT DATA		
Patient name:	Patient ID: (assigned by patient registry)	
Patient registry:	Patient ID: (assigned by donor registry)	
Transplant center:	Date of birth: (YYYY-MM-DD)	Gender:

DONOR ID(s)		
DONOR GRID(s)		

BLOOD SAMPLE REQUIREMENTS (recommended maximum = 50 mL - please provide clinical reasons for greater volumes)			
mls EDTA	Acceptable days of the week to receive samples: (check all that apply)		
mls heparin	☐ Monday	☐ Tuesday	☐ Wednesday
mls ACD	☐ Thursday	☐ Friday	☐ Saturday
mls no anticoagulant	☐ Sunday		
mls			

DISCLAIMER: The cell products collected from the donor are intended solely for the purpose of diagnostic testing on behalf of the above mentioned patient. No other use is permissible. Excess blood volume is allowed for quality control testing only but not for research purposes. Any portion of the cells not used for the intended testing must be disposed of properly. By accepting these cells, the transplant physician also accepts these terms and conditions. Requests for deviations from these terms must be submitted in writing to the donor registry for approval.

Courier Service: VT samples will automatically be shipped using a courier service chosen by the donor center. The fees for this VT sample are based on the use of this courier service. If you prefer that the samples be shipped using a specific courier service, please list that courier service below. Additional fees may be applied.

Preferred courier service:

Samples to be shipped to:	**Invoice(s)** to be sent to:
Institution:	Institution:
Address:	Address:
Attention:	Attention:
Phone:	Phone:
Fax:	Fax:
E-mail:	E-mail:

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

WMDA

Reset Form