BLUTSPENDE SRK SCHWEIZ
TRANSFUSION CRS SUISSE
TRASFUSIONE CRS SVIZZERA
SWISS BLOOD STEM CELLS

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RESTART FORMAL SEARCH

Patient Data

Last name: First name:

Date of birth (dd/mm/yyyy): CMV status:

Sex: Weight:

Blood group / Rh: /

Ethnic origin: Specify if necessary:

Diagnosis: Current disease status:

Precise diagnosis if necessary: Expected disease status at TX:

Date of diagnosis:

Transplant Center

Center name:

Transplant physician:

Date of search stop (date of final report of the last search):

The following documents will be enclosed (please tick):

- ☐ Patient's signed informed consent
- ☐ Patient's HLA control typing and Histocompatibility data form
- ☐ 1441_FOR_Formal_Search

If a KAT request is required (according to Policy POL_009 and POL_010), please refer to prescription PRE_6[illegible]0):

Date request submitted: Date request approved:

Has the patient received a previous allogenic hematopoietic stem cell transplantation?

- ☐ no
- ☐ yes (please complete the following section)
  - ☐ HSCT with 10/10 HLA identical donor
  - ☐ HSCT with 9/10 HLA MM donor (please complete the following section)
  - ☐ HSCT with haplo identical donor (please complete the following section)

  Because of chimerism a new HLA control typing may be necessary:
  - ☐ No retyping of patient's HLA is necessary
  - ☐ Retyping of patient's HLA was done, results are enclosed

Date Signature transplant physician