



FORMAL SEARCH

Patient Data

Name _____ First Name _____ Date of birth (dd/mm/yyyy) _____
/ /

Timeframe of Transplantation

☐ beginning of ☐ mid ☐ end of _____ (mm/yyyy)
/

Consider Cord

- ☐ emergency cord blood (no unrelated donor search)
☐ consider cord blood only if no suitable unrelated donor is found
☐ do not consider cord blood (adult unrelated donor search)

HLA

HLA-mismatch accepted ☐ no ☐ yes 9/10 ☐ yes ☐ no
8/10 ☐ yes ☐ no

Mismatch will be considered according to Histocompatibility Data Form of LNRH.

Donor Selection criteria (Order of criteria 1-2, 1=most important)

_____ CMV-matters ☐ irrelevant ☐ pos. ☐ neg.
(if CMV-status is available)
_____ Donor sex matters ☐ irrelevant ☐ female ☐ male

Special requests / Additional donor selection criteria

- ☐ EBV-serology (IgG & IgM) relevant for donor selection, to be tested at time CT
if yes: ☐ EBV-associated disease ☐ T-cell depletion (product) or deficiency (child) ☐ EBV-CTL production foreseen
☐ CCR5 test, please send the request
☐ Consider DSA
☐ other:

Transplant Center

Center Name _____

Date _____ Signature transplant physician _____

→ Copy to LNRH, for your information