ศูนย์บริการโลหิตแห่งชาติ
สภากาชาดไทย

TSCDR
Thai National Stem Cell Donor Registry

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BLOOD SAMPLE REQUEST FOR VERIFICATION TYPING (VT)

Patient Information:

First name:	Last name:	
Transplant Center:	Patient ID number: (assigned by patient's registry)	
Physician:	Patient ID number: (assigned by donor's registry)	
Diagnosis:	Date of birth: (DD-MM-YYYY)	Gender:

Patient HLA Typing Results (or Attached the patient's HLA report)**:**

HLA LOCUS	A	B	C	DRB1	DQB1
First antigen/allele:					
Second antigen/allele:					

GRID:

1.		2.		3.	
4.		5.		6.	

BLOOD SAMPLE REQUIREMENTS (**maximum volume 24 mL** – please provide clinical reasons for greater volumes)

	mL EDTA	ACCEPTABLE DAYS OF THE WEEK TO RECEIVE SAMPLES: (PLEASE CIRCLE ALL THAT APPLY) MONDAY / TUESDAY / WEDNESDAY / THURSDAY / FRIDAY
	mL Clotted	
	mL CPDA	
	mL _____	

DISCLAIMER: The cell products collected from the donor are intended solely for the purpose of diagnostic testing on behalf of the above mention 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: For international patient, 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:**
Telephone no:	**Telephone no:**
Fax no:	**Fax no:**
E-mail:	**E-mail:**

Transplant Center Representative:	**Signature:**	**E-mail:**	**Requested Date:** (DD-MM-YYYY)