



Bone Marrow Donation

Welsh Bone Marrow Donor Registry (WBMDR)

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PRELIMINARY SEARCH REQUEST

TXU ID.

WBMDR NO.

Date of Request: ____ / ____ / ____ day month year	Type of Search to be performed: <input type="checkbox"/> Stem Cell Donors Only <input type="checkbox"/> Cord Blood Units Only <input type="checkbox"/> Stem Cell Donors & Cord Units	Is this search urgent? <input type="checkbox"/> Yes <input type="checkbox"/> No Are mismatches accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Last name:	First Name:	
Date of Birth: ____ / ____ / ____ day month year	Gender:	CMV Status: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown
	Weight: _____ kg	
Diagnosis:	Date of Diagnosis: Day Month Year	
Race (optional):	Geographic Ethnicity (optional):	

Patient Class I typing results:

	A	B	C
First antigen:			
Second antigen:			
Testing method:	<input type="checkbox"/> Sero. <input checked="" type="checkbox"/> DNA	<input type="checkbox"/> Sero. <input checked="" type="checkbox"/> DNA	<input type="checkbox"/> Sero. <input checked="" type="checkbox"/> DNA

Patient Class II typing results:

	DRB1	DRB3/4/5	DQB1	DPB1
First antigen:				
Second antigen:				
Testing method:	<input type="checkbox"/> Sero. <input checked="" type="checkbox"/> DNA	<input type="checkbox"/> Sero. <input checked="" type="checkbox"/> DNA	<input type="checkbox"/> Sero. <input checked="" type="checkbox"/> DNA	<input type="checkbox"/> Sero. <input checked="" type="checkbox"/> DNA

ARE HAPLOTYPES IDENTIFIED: YES NO

REQUESTING REGISTRY:	COORDINATOR:	
Telephone:	Fax:	Email:
Transplant Center:		

Thank you, on behalf of this patient.

