

Cord Blood Formal Search Form

Date: _____ M _____ D _____ Y

Patient Information

Name:	ABO/Rh:	Height:	Weight:
Social Security No. / ID:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
DOB: _____ M _____ D _____ Y		Nationality:	
Address:			
Tel:		Fax:	
Disease Diagnosis:			
Describe Patient's Condition:			

HLA Matching Information

Patient's HLA Typing						
Class I	HLA-A		HLA-B		HLA-C	
Class II	HLA-DRB1		HLA-DPB1		HLA-DQB	
Test Method:						
Whether the test foundation has been accredited by ASHI? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Whether the specimen need for HLA Recheck? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Collection Date? _____ M _____ D _____ Y						
Consider for the minor mismatch if no perfect matched donor? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Family Members' HLA Typing						
Family Member	HLA-A		HLA-B		HLA-DRB1	

Coordinator Information

Coordinator:	E-mail:
Tel:	Fax:

Physician Information:

Hospital/Country:	Physician:
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