



**Asian Indian Donor Marrow Registry**  
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**PRELIMINARY SEARCH REQUEST**

Date of request / / Day/month/year		Is Search urgent Mismatches accepted		Yes/No Yes/No				
Last Name		First Name		Patient ID:				
Date of Birth / / Day/month/year		Sex		CMV status				
Weight ----Kg		<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> unknown				
Race : (if patients are from more than one of the following groups, check applicable groups)								
<input type="checkbox"/> Caucasian/White		<input type="checkbox"/> Black		<input type="checkbox"/> East Indian				
<input type="checkbox"/> Hispanic		<input type="checkbox"/> Native North American		<input type="checkbox"/> Unknown <input type="checkbox"/> Others				
Diagnosis		Date of Diagnosis: / month/year						
Class I –Serology typing	A		B		C			
	Are haplotypes defined ? Yes/No							
Class I - DNA typing	A		B		C			
	Are haplotypes defined ? Yes/No							
Class II serology typing	DR		DR 51/52/53		DQ			
	Are haplotypes defined ? Yes/No							
Class II DNA typing	DRB1		DRB3		DRB4		DRB5	
	Are haplotypes defined ? Yes/No							
	DQA1		DQB1		DPA1		DPB1	
HLA Report		enclosed		Yes/No				
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- Referring physician:								
Requesting registry/ Transplant Centre:								
Physician contact details		Tel: Fax:		Email				