Registered as a Nonprofit Organisation:
Reg No: 004-300 NPO

South African Bone Marrow Registry
PO Box 13353, Mowbray, 7705
Cape Town, South Africa
Tel: +27-21-447-8638
Fax: +27-21-404-6395
Email: Alicia.Venter@sabmr.co.za
Jane.Ward@sabmr.co.za

SEARCH ACTIVATION REQUEST

Date of request: _____ (DD/MM/YYYY)	Cord blood search requested: Yes / No	Is search urgent? Yes / No Mismatches accepted? Yes / No	
Last name:		First name:	
Date of birth: _____ (DD/MM/YYYY)	Sex: Male / Female	Height : _____ m Weight : _____ kg	CMV status: ☐ Unknown ☐ Positive ☐ Negative
Diagnosis:		ICD-10 Code:	Date of Diagnosis: _____ (month / year)
Current disease status:		Estimated time to transplant:	

VERIFICATION OF PATIENT HLA TYPING:

Samples sent to laboratory* for testing: ☐ Yes Date sent: …. / …. /….

☐ No Date to be sent: …. / …. / …..

*NHLS Laboratory for Tissue Immunology, Cape Town

Medical Aid: ……. Membership No: ……..

Authorisation received: ☐ Local donors only ☐ Unrestricted

(Please attach a copy of the authorization)

Referring Physician: ..……..

Transplant Centre: ……..

Person completing form: …….. Tel: ……

Fax: ……

Email: …….