



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

South African Bone Marrow Registry
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PRELIMINARY SEARCH REQUEST

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: <input type="checkbox"/> Male <input type="checkbox"/> Female		CMV Status: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown	
		Weight: _____ kg			
Diagnosis:		EMDIS Diagnosis Code:	Date of Diagnosis: ____ / ____ / ____ Day / Month / Year		
		ICD-10 Code:	Disease Phase:		
Ethnicity	<input type="checkbox"/> Asian	<input type="checkbox"/> Black	<input type="checkbox"/> Coloured	<input type="checkbox"/> White	<input type="checkbox"/> Other <input type="checkbox"/> Unknown

Additional Information	
Has the patient received a transplant in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> MUD <input type="checkbox"/> HAPLO <input type="checkbox"/> AUTO <input type="checkbox"/> Related	Does the patient have access to funds for a matched unrelated donor (MUD)? <input type="checkbox"/> Yes <input type="checkbox"/> No

	A	B	C	DRB1
First antigen:				
Second antigen:				
Testing method	<input type="checkbox"/> SSP/SSOP <input type="checkbox"/> SBT <input type="checkbox"/> NGS	<input type="checkbox"/> SSP/SSOP <input type="checkbox"/> SBT <input type="checkbox"/> NGS	<input type="checkbox"/> SSP/SSOP <input type="checkbox"/> SBT <input type="checkbox"/> NGS	<input type="checkbox"/> SSP/SSOP <input type="checkbox"/> SBT <input type="checkbox"/> NGS

	DQB1	DQA1	DPB1	DPA1
First antigen:				
Second antigen:				
Testing method	<input type="checkbox"/> SSP/SSOP <input type="checkbox"/> SBT <input type="checkbox"/> NGS	<input type="checkbox"/> SSP/SSOP <input type="checkbox"/> SBT <input type="checkbox"/> NGS	<input type="checkbox"/> SSP/SSOP <input type="checkbox"/> SBT <input type="checkbox"/> NGS	<input type="checkbox"/> SSP/SSOP <input type="checkbox"/> SBT <input type="checkbox"/> NGS

Are Haplotypes Identified: <input type="checkbox"/> Yes <input type="checkbox"/> No

Requested By:	Co-Ordinator:
Telephone:	Fax:
Transplant Centre:	Email:

Completion of this document by the physician/co-ordinator is an indication to the SABMR that the patient/legal guardian has been informed by the physician/co-ordinator that the SABMR is going to utilise the patient's personal information to conduct a Preliminary Donor Search.