



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

South African Bone Marrow Registry  
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### 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: <input type="checkbox"/> Unknown <input type="checkbox"/> Positive <input type="checkbox"/> Negative
Diagnosis:	ICD-10 Code:	Date of Diagnosis: _____ (month / year)	
Current disease status:	Estimated time to transplant:		

**EXPEDITED SEARCH:**  
A service offered by the SABMR exclusively for critically urgent cases in the interest of time. When ticked "Yes", the SABMR will proceed with testing and verification of the selected unrelated donors in the absence of the medical aid authorisation with the understanding that the transplant centre will obtain the required authorisation and/or funds, with similar urgency, prior to stem cell procurement.

Yes  
 No

I (Transplant Physician) .....  
acknowledge the financial risk taken by the SABMR by incurring costs without the required guarantee of funds and will endeavour to ensure that the SABMR is re-imbursed.

**Note:** Full-panel High-Resolution HLA Typing of the patient is required from the transplant centre at the start of the Expedited Search process.

Signature:.....

**VERIFICATION OF PATIENT HLA TYPING:**

Fresh blood samples sent to laboratory or SABMR for testing:  Yes  No

Date sent: .... / .... / ....  
Date to be sent: ... / ... / .....

Medical Aid: ..... Membership No: .....

Authorisation received for:  Local donors only  Unrestricted

Referring Physician: ..... Transplant Centre: .....

Person completing form: .....  
..... Telephone: .....

Physician Email: ..... Email: .....

Physician Telephone: .....