



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: _____
.....
Person completing form: _____
.....
Physician Email: Email:

Transplant Centre: _____
.....
Telephone:
.....

Physician Telephone: