SABMR
SOUTH AFRICAN BONE MARROW REGISTRY
Registered as a Nonprofit Organisation:
Reg No: 004-300 NPO

South African Bone Marrow Registry
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PRELIMINARY SEARCH REQUEST

NB: PLEASE ATTACH A LABORATORY HLA TYPING REPORT (Minimum ABDR typing)

Date of Request:	Type of Search:	
_____ / _____ / _____ Day Month Year	Stem Cell Donors Only ☐ Stem Cell Donors & Cord Units ☐	Search Urgent? ☐ Yes ☐ No Mismatches accepted? ☐ Yes ☐ No

Last name:	First Name:

Date of Birth:	Gender: ☐ Male ☐ Female	CMV Status:	ABO and Rh:
_____ / _____ / _____ Day Month Year	Weight: _____kg Height: _____ m	☐ Positive ☐ Negative ☐ Unknown	

Diagnosis:	ICD-1O:	Date of Diagnosis: _____ / _____ / _____ Day Month Year Disease Phase: ……:

Ethnicity	☐ Asian	☐ Black	☐ Coloured	☐ White	☐ Other	☐ Unknown

Additional Information

Previous transplant?	Does the patient have access to funds for a MUD SCT?
☐ MUD ☐ HAPLO ☐ AUTO ☐ Related ☐ None	☐ Yes ☐ No

Requesting Physician: ……	Transplant Centre…….
Person completing form: …….	Transplant Physician: ……...
Physician Email: ……..….	Email: …….
Physician Cellphone: ……...	Cellphone: …….

Completion of the form by the physician/coordinator is an indication to the SABMR that the patient/legal guardian has been informed by the physician/coordinator that the SABMR will utilise the patient's personal information to conduct a Preliminary Donor Search and that consent was obtained and given to the SABMR.