


SEARCH ACTIVATION REQUEST

Date of Activation request: _____ <small>(DD/MM/YYYY)</small>		Is the search urgent? Yes / No	
		Mismatches accepted? Yes / No	
Last name:		First name:	
Date of birth: _____ <small>(DD/MM/YYYY)</small>	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: _____ <small>(month / year)</small>
Current disease status:		Estimated date of transplant:	

EXPEDITED SEARCH:	
<p>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.</p> <p>Note: Full-panel High-Resolution HLA Typing of the patient is required from the transplant centre at the start of the Expedited Search process.</p>	<p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I (Transplant Physician), acknowledge the financial risk to the SABMR, by incurring costs without the required guarantee of funds, and will endeavor to ensure that the SABMR is re-imbursed.</p> <p>Signature:</p>

VERIFICATION OF PATIENT HLA TYPING:	
<p>Fresh blood samples/buccal swabs sent to laboratory or SABMR for testing: </p> <p>WMDA standards require that both patient and donor HLA typing be verified at high resolution on a second blood/buccal swab sample in an EFI/ASHI accredited laboratory.</p>	<p style="text-align: center;"><input type="checkbox"/> Yes Date sent: / /</p> <p style="text-align: center;"><input type="checkbox"/> No Date to be sent: / /</p>

Medical Aid:	Membership No:
Authorisation received: <input type="checkbox"/> Search Auth <input type="checkbox"/> Search/Procurement <input type="checkbox"/> Treatment <input type="checkbox"/> In progress	
<i>NB: Please ensure the Auth is addressed to the SABMR Medical Director, Dr Charlotte Ingram, to avoid any delays further along in the process.</i>	

<p>Requesting Physician:</p> <p>Person completing form:</p> <p style="padding-left: 40px;">Email:</p> <p style="padding-left: 40px;">Cellphone:</p>	<p>Transplant Centre.....</p> <p>Transplant Physician:</p> <p style="padding-left: 40px;">Email:</p> <p style="padding-left: 40px;">Cellphone:</p>
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