



## PRELIMINARY SEARCH REQUEST

*This form is to be submitted to the National Stem Cell Coordinating Centre through fax (603) 26132674 or email to nscgc@moh.gov.my, , address: National Stem Cell Coordinating Centre, Pusat Darah Negara, Jalan Tun Razak 50400 Kuala Lumpur, Malaysia.*

### Section 1: General

Date of request : .....

Type of search to be performed :

	Stem cell donor only
	Cord blood only
	Stem cell and cord blood

Are mismatched accepted  Yes  No

If yes, please specify locus/loci  A  B  DRB1

Name of hospital : .....

Name of physician : .....

Designation : .....

Tel (office) : ..... Tel (fax) : .....

Tel (mobile) : ..... Email : .....

Name of coordinator : .....

Designation : .....

Tel (office) : ..... Tel (fax) : .....

Tel (mobile) : ..... Email : .....

Section 2: Patient Information

Name of patient : \_\_\_\_\_  
 IC : \_\_\_\_\_ MRN : \_\_\_\_\_  
 Date of birth : \_\_\_\_\_ Gender : \_\_\_\_\_  
 Weight : \_\_\_\_\_ Race : \_\_\_\_\_  
 Height : \_\_\_\_\_ Blood type : \_\_\_\_\_  
 Diagnosis : \_\_\_\_\_  
 Date of diagnosis : \_\_\_\_\_

Section 3: HLA Typing of the Patient and Transplant Information

A		B		C	
Serology	DNA	Serology	DNA	Serology	DNA
DRB1		DQB1		Others	
Serology	DNA	Serology	DNA	Serology	DNA

.....  
 (signature of the physician/ coordinator)

Name : \_\_\_\_\_  
 IC : \_\_\_\_\_  
 MMC no. : \_\_\_\_\_  
 Designation : \_\_\_\_\_  
 Institution : \_\_\_\_\_