PRELIMINARY SEARCH REQUEST

This form is to be submitted to the National Stem Cell Coordinating Centre through fax (603) 26132674 or email to nsccc@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	: