



佛教慈濟骨髓幹細胞中心

Buddhist Tzu Chi Stem Cells Center

Preliminary Search Request

BTCSCC ID: _____ (assigned by BTCSCC) **Date of Request:** ____/____/____ (yyyy/mm/dd)

| | | | |
|--|---|---|------------------------|
| Type of Search to be performed: <input type="checkbox"/> Stem Cell Donor Only <input type="checkbox"/> Cord Blood Only <input type="checkbox"/> Stem Cell Donor & Cord Blood | | Are mismatches accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, specify locus/loci <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> DR | |
| Last Name: | | First Name: | |
| Date of Birth (yyyy/mm/dd): | National ID (Taiwan Patient Only) | Your Patient ID | |
| Address (Taiwan Patient Only) | | | |
| TEL (Taiwan patient Only) | Mobile Phone (Taiwan patient Only) | FAX or E-Mail (Taiwan patient Only) | |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Weight kg | Hight cm | Blood Type (Rh) |
| Diagnosis | | Date of Diagnosis (yyyy/mm/dd) | |
| Latest Blood Transfusion: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify the transfusion date and type: | | | |
| Race <input type="checkbox"/> Native North American <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Unknown <input type="checkbox"/> Other | | | |

Patient HLA Typing & Transplant Information

| A | | B | | Cw | |
|--|------------------------------|-----------------------------------|------------------------------|-----------------------------------|------------------------------|
| <input type="checkbox"/> Serology | <input type="checkbox"/> HLA | <input type="checkbox"/> Serology | <input type="checkbox"/> HLA | <input type="checkbox"/> Serology | <input type="checkbox"/> HLA |
| | | | | | |
| DRB1 | | DQB1 | | Other, Specify | |
| <input type="checkbox"/> Serology | <input type="checkbox"/> HLA | <input type="checkbox"/> Serology | <input type="checkbox"/> HLA | <input type="checkbox"/> Serology | <input type="checkbox"/> HLA |
| | | | | | |
| Preferred Stem Cell: <input type="checkbox"/> Bone Marrow <input type="checkbox"/> PBSC <input type="checkbox"/> Cord Blood | | | | | |
| Preferred Transplant Date: 1. _____ 2. _____ | | | | | |

| | |
|----------------------------|---------------------|
| Transplant Hub: | |
| Transplant Center: | |
| Physician: | Coordinator: |
| Coordinator E-Mail: | |
| TEL: | FAX: |

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