



佛教慈濟骨髓幹細胞中心

Buddhist Tzu Chi Stem Cells Center

Patient Status Report and Perscription for Cord Blood Unit

BTCSCC ID Recipient :		Recipient Name :	
Cord Blood Unit ID	(1)	(2)	(3)
Patient Diagnosis & current disease stage : _____ % of blast cells : _____			
Blood type : _____ Weight : _____ Height : _____			
Describe Patient clinical condition : _____			

Proposed Tentative Time Frame for Cord Blood Transplant :

Shipping Date : _____ / _____ / _____ (yyyy/mm/dd)
Infusion Date : _____ / _____ / _____ (yyyy/mm/dd)
Describe below the requirements for cellular samples of cord blood unit (if available) : <input type="checkbox"/> DNA, _____

Cord Blood Delivery Address :

Transplant Center :
Street Address : _____
City, State, Country, Zip : _____
Contact Person (A) : _____ E-mail : _____
Phone : _____ Fax : _____
Contact Person (B) : _____ E-mail : _____
Phone : _____ Fax : _____

All Transplant Center Must Complete :

Regarding the cord blood unit designated above, I verify that the ABO type, degree of HLA match, compatibility testing results, and infectious disease results are acceptable to proceed with cord blood unit shipment for the above recipient. In addition, the necessary procedures are in place for the receipt, storage, and thawing/processing/infusion of cord blood units at this transplantation center.

Transplant Center Physician :

Signature : _____ **Date :** _____ / _____ / _____ (yyyy/mm/dd)

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