



Produits sanguins  
Cellules souches  
Tissus humains

Hema-Quebec  
Stem Cell Donor Registry  
4045 Côte-Vertu, St-Laurent  
Qc, Canada, H4R 2W7  
Tel : + 514-832-1031  
Fax: + 514-832-0266  
[www.hema-quebec.qc.ca](http://www.hema-quebec.qc.ca)

## CORD BLOOD UNIT REQUEST

### PATIENT

HQ ID:	<input type="text"/>	Registry ID:	<input type="text"/>
Last Name:	<input type="text"/>	First Name:	<input type="text"/>
DOB <sup>1</sup> :	<input type="text"/>	(RAMQ #):	<input type="text"/>
Transplant Center:	<input type="text"/>		
	Transplant physician: <input type="text"/>		

### CORD BLOOD UNIT

HQ CBU ID:	<input type="text"/>	CBU BAG ID:	<input type="text"/>
<input type="checkbox"/> <b>Extended HLA Typing</b> *Option offered only if DNA sample is available <input type="checkbox"/> A* <input type="checkbox"/> B* <input type="checkbox"/> C* <input type="checkbox"/> DRβ1* <input type="checkbox"/> DQβ1* <input type="checkbox"/> DPβ1* (Typing performed at high resolution on specified loci)			Request date <sup>1</sup> <input type="text"/>
<input type="checkbox"/> <b>Verification of HLA Typing / CFU count</b> A, B, C, DRβ1, DQβ1 and DPβ1 high resolution <sup>2</sup> typing performed on thawed CBU sample <sup>2</sup> If initial typing was done in high resolution, CT will be performed in low resolution.			Request date <sup>1</sup> <input type="text"/>
<input type="checkbox"/> <b>Samples shipment</b> <input type="checkbox"/> DNA <input type="checkbox"/> Segment(s) <input type="checkbox"/> Cryotube(s) <input type="checkbox"/> Cord blood plasma <input type="checkbox"/> Maternal plasma	Quantity <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Request date <sup>1</sup> <input type="text"/>	Shipping date <sup>1</sup> <input type="text"/>
Shipping Address :		Billing Address : <input type="checkbox"/> Same as Shipping Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shipping Address :		Billing Address : <input type="checkbox"/> Same as Shipping Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Transplant physician's signature : _____			
Completed by:	<input type="text"/>	Date <sup>1</sup> :	<input type="text"/>

1. Date format (DD-MM-YYYY)