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| Anthony Nolan Round Table Laboratories, Royal Free Hospital, Pond Street, London, NW3 2QG  Tel: 020 7284 8303/ 8329 Email: [clinicalservices@anthonynolan.org](mailto:clinicalservices@anthonynolan.org) | | |
| REFERRING HOSPITAL:  REFERRING DOCTOR/INDIVIDUAL (JOB TITLE):  (**print name and sign**) | DEPARTMENT**:**  TEL. NO.:  EMAIL: | |
| Results to be sent to if different from above: | Email: | |
| Local Cord ID Number:  International Cord ID Number: | Cord Registry: | |
| Associated Patient Name:  Gender:  Intended Transplant Date: | Associated Patient Date of Birth:  Associated Patient Hospital Number: | |
| **SAMPLE REQUIREMENT:** according to EFI standards verification typing must be performed on a segment of the tubing integrally attached to the unit, if available, or otherwise, on a satellite vial, after shipment of the unit to the transplant centre. If neither a segment nor satellite vial is available, the verification typing must be performed on the content of the thawed unit, as soon after transplant as possible.  **PLEASE CONFIRM WHICH OF THE FOLLOWING YOU ARE SENDING FOR VERIFICATION TYPING:**  Segment of the tubing integrally attached to the unit  **as well as date cord received at TC** \_\_\_\_\_\_\_\_\_\_\_  OR  Satellite vial shipped with the unit  **as well as date cord received at TC** \_\_\_\_\_\_\_\_\_\_\_  OR  Unit bag, post infusion  **as well as date cord thawed at TC** \_\_\_\_\_\_\_\_\_\_\_ | |
| **PLEASE INDICATE WHETHER THIS IS A SINGLE OR DOUBLE CORD TRANSPLANT**  Single Double | | |
| **COMMENTS:** | | |
| Please complete form as fully as possible & forward samples **immediately** to the laboratory at the address above marked FAO **The Clinical Support Team**. We can receive blood Mondays-Fridays 8am-4pm. | | |

**THIS SECTION MUST BE COMPLETED IN FULL**

Name of Invoicee:

Address of Invoicee:

Relevant Order/Reference Nos:

For laboratory use only: **CAT J**

Donor Number \_\_\_\_\_\_\_\_\_\_\_

For barcode only

Sample Number \_\_\_\_\_\_\_\_\_\_\_

*Date/Time Received: \_\_\_/\_\_\_/\_\_\_\_\_ , \_\_\_\_ : \_\_\_\_ am / pm*