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| Anthony Nolan Round Table Laboratories, Royal Free Hospital, Pond Street, London, NW3 2QGTel: 020 7284 8303/ 8329 Email: 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** \_\_\_\_\_\_\_\_\_\_\_ORSatellite 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*