■ 제대혈 관리 및 연구에 관한 법률 시행규칙 [별지 제21호서식]

# Cord Blood Unit Supply Request Form

## 1. CBU Information

Cord Bank Name and CBU ID _____

[ ] Single Unit Transplant [ ] Multiple Unit Transplant

## 2. Cord Blood Transplantation Recipient Information

| | | | | | |
|---|---|---|---|---|---|
| Recipient Name | | | Sex / Age | | |
| Center Name | | | Physician Name | | |
| Diagnosis | | | | | |
| Current Status | | | | | |
| Brief History | | | | | |
| Recipient Weight | | | Blood Type | | |
| HLA Type | HLA-A | HLA-B | HLA-C | DRB1 | DQB1 |
| | | | | | |
| HLA Typing Method | | | | | |
| Proposed Transplantation Date | | | | | |

## 3. Transplant Center Information (Delivery Instructions)

Transplant Center Name _____

Attn./Name _____

Telephone _____ Fax _____

Mobile/Pager _____

Address Line 1 _____

Address Line 2 _____

City, State / Province _____

Zip Code, Country _____

_____ _____ _____

Form Completed By Date Ordering Physician

**Korea Cord Blood Information Center**

210㎜×297㎜[일반용지 60g/㎡(재활용품)]