COBLT
CORD BLOOD TRANSPLANTATION STUDY

FORMAL SEARCH FORM

COBLT Recipient ID: ☐☐☐ ☐☐☐ ☐

COBLT Name Code: ☐☐☐

Center Code: ☐☐☐

Date of Submission: ☐☐ ☐☐ ☐☐ (M D Y)

MCC Use Only
Date Recd.:

1. COBLT CBU ID number(s) to be placed on request:

W ☐☐☐☐ ☐☐ ☐☐☐☐☐☐ 00 ☐
W ☐☐☐☐ ☐☐ ☐☐☐☐☐☐ 00 ☐
W ☐☐☐☐ ☐☐ ☐☐☐☐☐☐ 00 ☐

2. Place CBU on "Request" but do not initiate recipient confirmatory typing at this time . . . . . 1☐ Yes 2☐ No

3. Confirmatory HLA typing at COBLT contract laboratory:
   a. Date patient sample sent . . . . . ☐☐ ☐☐ ☐☐ (M D Y)
   b. Sample sent to . . . . . 1☐ Univ CA San Francisco 2☐ UCLA 3☐ Navy Medical Res Inst

4. Fax confirmation of formal search status to:

First Initial ☐ Last Name ☐☐☐☐☐☐☐☐☐☐☐☐

Fax number ☐☐☐--☐☐☐--☐☐☐☐

Comments: _____

_____ Signature

_____ Date

☐☐☐☐☐ Study ID