



佛教慈濟骨髓幹細胞中心  
Buddhist Tzu Chi Stem Cells Center  
Preliminary Search Request

BTCSCC ID: \_\_\_\_\_ (assigned by BTCSCC) Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_ (yyyy/mm/dd)

<b>Type of Search to be performed:</b> <input type="checkbox"/> Stem Cell Donor Only <input type="checkbox"/> Cord Blood Only <input type="checkbox"/> Stem Cell Donor & Cord Blood		<b>Are mismatches accepted?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, specify locus/loci <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> DR	
<b>Last Name:</b>		<b>First Name:</b>	
<b>Date of Birth</b> (yyyy/mm/dd):	<b>National ID</b> (Taiwan Patient Only)	<b>Your Patient ID</b>	
<b>Address</b> (Taiwan Patient Only)			
<b>TEL</b> (Taiwan patient Only)	<b>Mobile Phone</b> (Taiwan patient Only)	<b>FAX or E-Mail</b> (Taiwan patient Only)	
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Weight</b> kg	<b>Height</b> cm	<b>Blood Type (Rh)</b>
<b>Diagnosis</b>		<b>Date of Diagnosis</b> (yyyy/mm/dd)	
<b>Latest Blood Transfusion:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify the transfusion date and type:		<b>WBC:</b>	<b>*10<sup>3</sup>/ul</b>
<b>Transplanted:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify the date and type:			
<b>Race</b> <input type="checkbox"/> Native North American <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Unknown <input type="checkbox"/> Other			

**Patient HLA Typing & Transplant Information**

<b>A</b>		<b>B</b>		<b>C</b>	
<input type="checkbox"/> Serology	<input type="checkbox"/> HLA/DNA	<input type="checkbox"/> Serology	<input type="checkbox"/> HLA/DNA	<input type="checkbox"/> Serology	<input type="checkbox"/> HLA/DNA
<b>DRB1</b>		<b>DQB1</b>		<b>Other, Specify</b>	
<input type="checkbox"/> Serology	<input type="checkbox"/> HLA/DNA	<input type="checkbox"/> Serology	<input type="checkbox"/> HLA/DNA	<input type="checkbox"/> Serology	<input type="checkbox"/> HLA/DNA
<b>Preferred Stem Cell:</b> <input type="checkbox"/> Bone Marrow <input type="checkbox"/> PBSC <input type="checkbox"/> Cord Blood					
<b>Preferred Transplant Date:</b> 1. _____ 2. _____					

<b>Transplant Hub:</b>	
<b>Transplant Center:</b>	
<b>Physician:</b>	<b>Coordinator:</b>
<b>Coordinator E-Mail:</b>	
<b>TEL:</b>	<b>FAX:</b>

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