

**BLOOD AND MARROW TRANSPLANT**

**REFERRAL FORM**

Patient's Name: \_\_\_\_\_ MR#(Internal): \_\_\_\_\_  
DOB: \_\_\_\_\_ Diagnosis: \_\_\_\_\_  
Remission #: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_ Date of Relapse: \_\_\_\_\_  
If there is no family match, should we search the registry? Y or N  
Referring Physician: \_\_\_\_\_ Tel: \_\_\_\_\_

Both this referral form and a **current clinical summary** must be submitted to Donna Artis at [Artis@email.chop.edu](mailto:Artis@email.chop.edu). NO unrelated donor searches will be done without a summary!

**HLA TYPING INSTRUCTIONS**

**Sample Collection:** Ea. set blood/buccals must have a different collection time (10 min.apart).

**Inpatient(Untransfused):**

- Collect (1) lavender top tube of blood and (4) \*buccal swabs.

**Outpatient:**

- Please provide the names, DOB(s) and MR#(if available) to Donna Artis at (215)590-2141 or [Artis@email.chop.edu](mailto:Artis@email.chop.edu). Insurance must be verified prior to HLA testing.

**Transfused Patient(All Patients):**

- If a patient has received multiple transfusions (2 or more units prbc or any platelets) in the previous 2 weeks, (2) sets of (4) buccal swabs should be collected (total of 8).
- If the patient has received less than 2 units of prbcs and no platelets in the 2 previous weeks, then (1) lavender top tube of blood and (4) buccal swabs are acceptable.

**Specimen Delivery(Internal Referrals):**

- Call the Immunogenetics Lab ext. 45648 to inform them that the swabs and blood will be tubed to station #971 for pickup. An Immunogenetics Requisition form should be included in the baggy when sending specimens to the lab.

**The patient's name, dob, and MR# must be on the form and on each specimen. The collector's name and time of the collection should also be placed on the specimens.**

**Specimen Delivery(Outside Referrals):**

The Children's Hospital of Philadelphia  
1207 Abramson Research Center  
34th and Civic Center Blvd.,  
Philadelphia, PA 19104  
Phone: (215)590-5648  
Attn: Dimitri Monos, PhD.

**\*Please Note – The Oncology Nurse Practitioners on the inpatient unit have buccal swabs and requisition forms.**