CHIMERISM ANALYSIS
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Patient Name:	Donor Name:
Patient IC No.	Donor IC No.:
Age :	Age :
Ethnicity :	Ethnicity :
Gender: ☐ Male ☐ Female	Gender: ☐ Male ☐ Female
Type of Specimen:	Type of Specimen:
Address to send report:	
Tel/ Fax:	Date of Sampling: / Date Sent:

RECIPIENT INFORMATION

CLINICAL DIAGNOSIS:

☐ Acute lymphoblastic leukaemia
☐ Acute myeloid leukaemia
☐ Chronic myeloid leukaemia
☐ Thalassaemia
☐ Aplastic anemia
☐ Other diagnosis:
Please specify: ……..

PLEASE FILL UP IF CURRENT SAMPLE IS PRE-HSCT:

Date of first diagnosis:……..
Immunophenotyping diagnosis:……
Cytogenetic/ molecular finding:……..
Disease status at time of transplant:
☐ 1st complete remission ☐ 2nd complete remission
Blood group:
Recipient: …… Donor: ……

PLEASE FILL UP IF CURRENT SAMPLE IS POST-HSCT:

Latest TWBC and date:

Pre-HSCT procedure:

Type of conditioning: ☐ Myeloablative ☐ Non-myeloablative

Type of immunosuppressive therapy:

……

GVHD prophylaxis:

……

Date start and end of HSCT:

Information on HSCT:

Type of HSCT: ☐ BMT ☐ PBSCT
T-cell depletion: ☐ Total ☐ Partial
Dose:

Post-HSCT course:

Current blood group:
Occurrence of GVHD: ☐ Yes ☐ No
Donor Lymphocytes infusion ☐ Yes ☐ No

Official stamp of Requesting Doctor:

Name, Signature & Date