



### Recipient and Donor Pairing Form for Chimerism Assay

This form is for baseline pairing of donor and recipient samples for Chimerism assay and should accompany the **FIRST** sample sent for identification of suitable informative STR loci.

<p>Recipient's name label</p>	<p>Date of sample collection:</p> <p>Place of collection (Hospital / Ward):</p> <p>Clinical diagnosis:</p>
<p>Donor's name label</p> <p><i>-For overseas samples, please write the identification number</i></p> <p><i>-For cord blood unit from SCBB or other cord blood bank, please write the unit number</i></p> <p><input type="checkbox"/> MUD ID No:</p> <p><input type="checkbox"/> UCB Unit No:</p>	<p>Date of sample collection:</p> <p>Place of collection (Hospital / Ward):</p> <p>Relationship to recipient: Related / Unrelated (please delete accordingly)</p> <p>Donor 1 / 2 / 3 / 4 / 5 (Please circle)</p>

Donor > 18 years: Blood sample to be collected in SGH / other adult collection centre

Donor < 18 years: Blood sample to be collected in KKH

Specimen label and form checked by:

\_\_\_\_\_ (Name/Signature of doctor/ nurse / coordinator)

For Laboratory Use Only:

To charge to: HT0214 STR PCR Chimerism assay

For clarification, please contact Transplant Coordinator at 6394-2141(Office) or 81211832 (HP)