

ViaCord ID: \_\_\_\_\_



ViaCord's Newborn Stem Cell Donor Program

# Medical Referral Form

## Marrow Failure and Immunodeficiency

PATIENT NAME \_\_\_\_\_ PATIENT GENDER: M / F \_\_\_\_\_ PATIENT DATE OF BIRTH \_\_\_\_\_ PATIENT WEIGHT IN KG \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ MOTHER'S PHONE NUMBER \_\_\_\_\_ DUE DATE: \_\_\_\_\_

DIAGNOSIS \_\_\_\_\_ DATE OF DIAGNOSIS \_\_\_\_\_

Pregnancy is a FULL sibling (Please check box to confirm)

### MEDICAL INFORMATION

#### Transfusion History

RBC transfusion:  No  Yes, approx no. of transfusions \_\_\_\_\_  
Platelet transfusion:  No  Yes, approx no. of transfusions \_\_\_\_\_  
IVIg:  No  Yes

#### Medications

Antibiotics:  No  Yes If yes, please list \_\_\_\_\_  
Anti-fungal therapy:  No  Yes If yes, please list \_\_\_\_\_  
Anti-viral therapy:  No  Yes If yes, please list \_\_\_\_\_  
Hematopoietic growth factors:  No  Yes If yes, please list \_\_\_\_\_  
Immunosuppressive therapy:  No  Yes If yes, please list \_\_\_\_\_

Other medication(s): \_\_\_\_\_

#### Significant Complications

Sepsis:  No  Yes If yes, no. of episodes \_\_\_\_\_  
Opportunistic infection:  No  Yes If yes, list pathogen(s)/site(s) \_\_\_\_\_  
Serious hemorrhage:  No  Yes If yes, no./sites of episodes \_\_\_\_\_

Other: \_\_\_\_\_

#### Summary/Comments (Please add extra pages if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### TREATING PHYSICIAN INFORMATION

PHYSICIAN NAME \_\_\_\_\_ SPECIALTY \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

FAX \_\_\_\_\_ HOSPITAL \_\_\_\_\_

PHYSICIAN OFFICE ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

OTHER CONTACT NAME (RN/NP) \_\_\_\_\_ OTHER CONTACT PHONE \_\_\_\_\_

(Please check box to agree)

It is my medical judgment that this patient has a condition that may be treated with a hematopoietic stem cell transplant using sibling cord blood stem cells

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REPORTING PROVIDER NAME (PRINT)

SIGNATURE

SIGNATURE DATE

PLEASE FAX COMPLETED FORM TO 781-663-8099 OR EMAIL TO SIBLINGCONNECTION@VIACORD.COM