

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



ViaCord's Newborn Stem Cell Donor Program

# Medical Referral Form

## Thalassemia

PATIENT NAME	PATIENT GENDER: M / F	PATIENT DATE OF BIRTH	PATIENT WEIGHT IN KG
MOTHER'S NAME	MOTHER'S PHONE NUMBER	DUE DATE:	

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

### MEDICAL INFORMATION

#### Genotype

$\beta$  major       E -  $\beta$  +       E -  $\beta^0$         $\alpha$  - major       Hb H       other thal intermedia

#### Surgical History

Splenectomy:  No       Yes, age: \_\_\_\_\_

#### Infections History

HCV:  No       Yes       Not Tested

#### Transfusion History

Chronic transfusion:  No       Yes, every \_\_\_\_\_ weeks

RBC alloantibodies:  None       Yes (circle): Kell    E    e    C    c    other(s) \_\_\_\_\_

Approx. Total RBC transfusions:  None       1-10       >10       >50

#### Medications

Any hormone replacement:  No       Yes

HCV treatment:  No       Yes

Iron chelation therapy:  No       Yes, current dose is: \_\_\_\_\_ every: \_\_\_\_\_

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

#### Complications Related to Thal or Hemochromatosis

Hepatomegaly:  No       Yes (circle): <2cm    >2cm

Portal fibrosis:  No       Yes, age diagnosed: \_\_\_\_\_ grade: \_\_\_\_\_

Cirrhosis:  No       Yes, age diagnosed: \_\_\_\_\_ grade: \_\_\_\_\_

Cardiac dysfunction:  None       Yes, age diagnosed: \_\_\_\_\_ describe: \_\_\_\_\_

Gonadal failure:  None       Yes, age diagnosed: \_\_\_\_\_ describe: \_\_\_\_\_

Diabetes mellitus:  None       Yes, age diagnosed: \_\_\_\_\_ describe: \_\_\_\_\_

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		

It is my medical judgment that this patient has a condition that may be treated with a sibling newborn stem cell transplant.

--	--	--

REPORTING PROVIDER NAME (PRINT)      SIGNATURE      SIGNATURE DATE

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