

## Medical Referral Form

## Hemoglobinopathy



ViaCord's Sibling Cord Blood Donor Program

Patient Name (Print)	Patient Gender M / F	Patient Date of Birth	Patient Weight in Kg.
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Mother's Name (Print)	Mother's Phone #	Mother's Email	Due Date
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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

S-S     S-  $\beta$  +     S-  $\beta^0$      Other Transfusion Dependent Hemoglobinopathy: \_\_\_\_\_

**Transfusion History**

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

RBC alloantibodies:     No     Yes, (circle)    Kell    E    e    C    c    Other(s) \_\_\_\_\_

Approximate total RBC transfusions:     None     1-10     >10     >50

**Medications**

Hydroxyurea     Iron chelation therapy    Current dose: \_\_\_\_\_

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

**Complications Related to Hemoglobinopathy** (check all that apply)

Hepatomegaly     Portal fibrosis     Hospitalized for pain     Sepsis     Stroke     Cirrhosis

Cardiac dysfunction     Splenic Sequestration     Sickle nephropathy     Acute Chest Syndrome

Gonadal failure     Diabetes mellitus     Aplastic Crisis

Number of Veno-Occlusive Crisis or associated complications: \_\_\_\_\_

**Comments** (Please add extra pages if necessary)

**TREATING PHYSICIAN INFORMATION**

Physician Name	Specialty
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Phone	Email (Required)
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Fax	Hospital
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Physician's Office Address	City	State	Zip Code
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Other Contact Name (RN/NP)	Other Contact Phone	Email
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Name / contact information for any Clinic, Social worker or other system-based support for the families of children with this diagnosis.

By signing below, I attest that 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	Date
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Please return completed form to ViaCord.  
 Fax: 781-240-8427 or Email: [SiblingConnection@ViaCord.com](mailto:SiblingConnection@ViaCord.com)