


BSD 	<h2 style="margin: 0;">Receiving/Requesting Center Remarks</h2> <p style="margin: 0;">an ISBT Rare Donor Working Party form</p>
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Institut für Klinische Transfusionsmedizin und Immungenetik Ulm gGmbH

Abteilung Blutgruppenserologie und Immunhämatologie

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Requesting Center: Rare blood phenotype of units:	Date sent: Time sent: Internal no. _____ / _____ <small>(e. g. 05/2005)</small>
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Please provide answers to the following:

1. Number of RBC units received:		
2. Were the units received in acceptable condition? If no, what was the problem? Broken: _____ No.: _____ Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Were the units received at the expected time? If no, what was the problem? Date received: _____ Time: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Were the billing documents in order? Was the shipping address correct? If no, what was the problem?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No

What was the transfusion outcome?

5. Did your patient receive the RBC units? <input type="checkbox"/> Yes. Number: _____	<input type="checkbox"/> No. Why not?	
Please give the diagnosis of your patient and describe the outcome of the transfusion:		
Hospital/Ward <small>(Stamp and telephone no.)</small>	Date	Signature (please print)
_____	_____	_____

**Please return this form by fax to +49-731-150-602
and *in addition* to the above mentioned fax no.**