

**NOTE: THIS IS NOT THE COVERPAGE FOR THE MED-AB.  
ONLY USE THIS PAGE FOR PATIENTS REGISTERED IN THE  
RETROSPECTIVE STUDY MENTIONED BELOW!**

**COVER PAGE FOR HISTOCOMPATIBILITY REPORTS FOR THE  
IMMUNOBIOLOGY WORKING PARTY (IWP) STUDY:**

Two combined retrospective studies of the IWP on Haploidentical stem cell transplantation in  
AML and ALL

**PLEASE SEND THIS PAGE WITH COPIES OF THE ORIGINAL HLA TYPING REPORTS AS PROVIDED  
BY THE HLA LABORATORY**

***PLEASE ENSURE THAT YOU HAVE ADDED SUFFICIENT IDENTIFYING DATA ON THIS COVERING PAGE  
SO THAT THE PATIENT/DONOR PAIR CAN BE UNAMBIGUOUSLY IDENTIFIED***

**CENTRE IDENTIFICATION**

**EBMT Code (CIC):** .....

Hospital: ..... Unit: .....

Contact person .....

e-mail: .....

**PATIENT IDENTIFICATION**

Has the HSCT been registered in the EBMT database ?  No  Yes:

UIC number .....

Unique Patient Number or Code: .....

Date of Birth: ..... - ..... - .....  
yyyy mm dd

Patient Sex:  Male  Female

Date of HSCT: ..... - ..... - .....  
yyyy mm dd

**DONOR**

Donor ID: .....

Donor Sex:  Male  Female

**PARENT HLA (only for sibling-to-sibling relation)**

Mother ID: .....

Father ID: .....

**HLA typing results of patient and donor should be attached and sent:**

***To the EBMT DATA OFFICE in LEIDEN***

**Erica Knödler** (study coordinator IWP)

**EBMT Data Office Leiden**

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