

Recipient NMDP ID: - -

Recipient Last Name:

CHIMERISM

PCTHST&U

chimerism studies performed prior to date of contact. PCTHST&U

CE LLS&U

Number of Unknown Origin (Third Party) Cells

Percent Donor Cells

*Non-Quant

Percent/Host Cells

*Non-Quant

Percent Unknown Origin (Third Party) Cells

*Non-Quant

Percent Unknown Origin (Third Party) Cells

*Non-Quant

Percent Unknown Origin (Third Party) Cells

*Non-Quant

Percent Unknown Origin (Third Party) Cells

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Percent Unknown Origin (Third Party) Cells

*Non-Quant

Chimerism Studies (Provide date(s), method(s), and other information fr

CHIMETH CHIMTYPE

Method Type

Number of Cells Examined

Total Cells

Number of Donor Cells

Number of Host Cells

Number of Unknown Origin (Third Party) Cells

Percent Donor Cells

*Non-Quant

Percent/Host Cells

*Non-Quant

Percent Unknown Origin (Third Party) Cells

*Non-Quant

Percent Unknown Origin (Third Party) Cells

*Non-Quant

Percent Unknown Origin (Third Party) Cells

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Percent Unknown Origin (Third Party) Cells

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Percent Unknown Origin (Third Party) Cells

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Percent Unknown Origin (Third Party) Cells

*Non-Quant

MONTHNO Date CHIMDT Year

Month Day

Year

Month Day

Year

Month Day

Year

Month Day

Year

Month Day

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Month Day

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Month Day

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Month Day

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Month Day

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Year

* If performed by non-quantitative method, indicate the presence of donor, host, or third-party cells by (+).

Valid Method Codes
 (Insert number in box above to indicate method used)
 1 - Standard cytogenetics
 2 - Fluorescent in situ hybridization (FISH)
 3 - Restriction fragment-length polymorphisms (RFLP)
 4 - Polymerase chain reaction (PCR)
 5 - HLA serotyping
 6 - VNTR
 7 - Other, specify:

Valid Cell Types
 (Insert number in box above to indicate cell type)
 1 - Bone marrow (BM)
 2 - Peripheral blood mononuclear cells (PBMC)
 3 - T-cells
 4 - B-cells
 5 - Red cells
 6 - Monocytes
 7 - Neutrophils
 8 - Other, specify: