CENTRUM ORGANIZACYJNO-KOORDYNACYJNE ds. TRANSPLANTACJI
Centralny Rejestr Potencjalnych Niespokrewnionych Dawców Szpiku
i Krwi Pępowinowej POLTRANSPLANT
02-001 Warszawa, Al. Jerozolimskie 87

Warszawa, 22 czerwca 2017 r.

Tel/fax (+48-22) 627 07 48 e-mail: rejestr@szpik.info

FORMAL REQUEST FOR STEM CELL COLLECTION

PATIENT DATA:

Patient name:		Patient ID number: (assigned by patient's registry)	
Patient registry:		Patient ID number: (assigned by donor's registry)	
Diagnosis:		Current disease status:	
Gender:	Blood Group:	Weight (kg):	Date of birth: (day/month/year)

TRANSPLANT CENTRE:

Hospital:	Contact name:
Address	Fax no:
	Phone no:
	Email:

DONOR DATA:

Donor ID number**: PL5- ID……..**	Gender:	Weight: kg	CMV:	Blood Group:
			positive	

PRODUCT REQUEST:

Product Preference: _____Bone Marrow (BM)_____Stimulated PBSC
Please fill in a numeric value next to both products to indicate preference: 1=1st preference; 2=2nd preference;
0=not desired if 1 st preference not possible

PROTOCOL DATA (A brief protocol flow chart may be enclosed):

Products that are *included* in the protocol and therefore may later be requested:
One DLI ☐ >1 DLIs D (Number:____) Additional BM ☐ Additional PBSC ☐ Platelets ☐
Other ☐ (Please specify):

PREFERRED DATES (in order of preference):

For marrow harvest, list preferred harvest date. For PBSC collection, please list your preference for the first day's collection:

	Collection Date: (dav/rnonth/vear)		Corresponding Infusion Date: (dav/month/vear)
1		1	
2		2	
3		3	

Minimum number of days prior to collection that donor clearance must be received:___
Number of days of conditioning prior to transplant:
(Conditioning of patient must not be undertaken until the registry has confirmed the donor to be medically fit and the results of all screening tests are known and have been reported to, and accepted by, the transplant center).

REQUIRED DOCUMENTATION TO ACCOMPANY THIS REQUEST

1 . Copy of all laboratory reports listing HLA typing results of patient and donor.
2. Summary of transplant protocol to be used with the most recent protocol review date.
3. Completed Marrow and/or PBSC Prescription form(s).

Person Completing Form:	Signature:	Date: (day/month/year)