**CENTRUM ORGANIZACYJNO-KOORDYNACYJNE ds. TRANSPLANTACJI**
**Centralny Rejestr Potencjalnych Niespokrewnionych Dawców Szpiku**
**i Krwi Pępowinowej POLTRANSPLANT**
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*Warszawa, 22 czerwca 2017 r.*

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# PRESCRIPTION FOR STIMULATED PERIPHERAL BLOOD STEM CELL COLLECTION

**(To fee *completed by the transplant center)***

| | |
|---|---|
| Patient name: | Patient ID number:<br>(assigned by patient's registry) |
| Transplant Center: | Patient ID number:<br>(assigned by donor's registry) |
| Donor registry: CRNDSiKP(PL5) | Donor ID number: **PL5-ID-** …….. |

**PRE-COLLECTION PERIPHERAL BLOOD SAMPLES** *(maximum 100 mls):*

| | | | | |
|---|---|---|---|---|
| | mls. EDTA | | mls. ACD | Other, please specify: |
| | mls. Heparin | | mls. no anticoagulant | |

| | |
|---|---|
| Samples to be shipped to:<br>Name:<br>Address:<br><br>**NOTE**: This blood will be shipped at the time of the donor physical exam unless otherwise requested. | Invoice(s) to be sent to:<br>Name:<br>Address:<br><br>**NOTE**: All invoices associated with the blood sample procurement / shipment, donor work-up and stem cell collection should be sent to this address for payment (**list only the requesting hub's address**). |
| Phone no: | Phone no: |
| Fax no: | Fax no: |
| Email: | Email: |

**STIMULATED PBSC COLLECTION:**

| | |
|---|---|
| Required CD34 pos. cells per kg | X10^6/kg |
| X recipient weight (kg) | kg |
| = total number of CD34 pos. cells | X10^6 |
| + CD34 pos. cells for quality testing | X10^6 |
| = Total number of CD34 pos. cells | X10^6 |

**Preferred method of overnight storage (if needed) of apheresed product(s):**

| |
|---|
| **Packing instructions for transport:** (i.e. temperature, special requirements, etc) |
| **Additional comments:** |

**PERIPHERAL BLOOD SAMPLES TO BE COLLECTED AT FIRST APHERESIS (max 100 mls)**

| | | | | |
|---|---|---|---|---|
| | mls. EDTA | | mls. ACD | Other: |
| | mls. Heparin | | mls. no anticoagulant | |

| | | |
|---|---|---|
| Additional comments: | | |
| Transplant physician: | Signature: | Date: |