ARGENTINE STEM CELL DONOR REGISTRY

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FORMAL REQUEST FOR STEM CELL / LYMPHOCYTE COLLECTION

(FIRST TRANSPLANTS ONLY)

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:		
Date of birth: (day/month/year)	Gender:	Weight: kg	CMV:	Blood Group:

TRANSPLANT CENTER:

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

DONOR DATA:

Donor ID number:		Donor's Registry:		
Age or date of birth: (day/month/year)	Gender:	Weight: kg	CMV:	Blood Group:

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 1st 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 ☐ (Number: _____) Additional BM ☐ Additional PBSC ☐

Other ☐ (Please specify):

PREFERRED DATES (in order of preference):

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

	Collection Date: (day/month/year)		Corresponding infusion Date: (day/month/year)
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. Final Compatibility Test Results form / copy of laboratory HLA typing results of patient and donor.
2. Summary of transplant protocol to be used with the most recent protocol review date.
3. Complete Marrow and/or PBSC Prescription form(s).

	Signature:	Date: (day/month/year)