



Donor ID/BR (DMR):	Patient local ID:
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DONOR FINAL CLEARANCE PRE-STEM CELL COLLECTION**DONOR DATA**

Gender: M F

Date of birth:
(DD/MM/YYYY)

Weight in Kg:

Blood group/RhD:

ANAMNESIS

Pre existing or existing disease:

Allergies:

Drugs in use:

Previous Surgery:

Surgery complications:

Pregnancies: Yes No Number: Transfusions: Yes No Number:

RISCK ASSESSMENT OVERVIEW**Yes No**

Were you sexually active with three or more sexual partners in the last 12 months? -----

Sexual partnership not steady and condom use -----

Practicing of anal sex without a condom -----

Historical of imprisonment or mandatory confinement superior to 72 hours, during the last 12 months
or the sexual partners of there persnons -----

Have you had a tattoo or piercing in the past 12 months? -----

Do you have piercing in oral cavity or genital region? -----

Injecting drug use. Specify: -----

Have you taken money, drugs, or other payment in exchange for sex? -----

Were you victim of sexual violence or your respective sexual partners? -----

Men who had sexual relation with another man and/or the sexial parners of these -----

Have you had sex with anyone who has HIV, Hepatitis or Syphilis? -----

Have you had sex with anyone who has a bleeding problem, such as hemophilia or other clotting
factor defieny, or received human-derived clorring facor concentrates? -----Have you had an accidental needle stick or you have come into contact with someone else`s blood
through an open wound, non-intact skin, or mucous membrane? -----

Have you been immunized against yellow fever? If yes, when? (Donor remains unable to donate 4 weeks after immunization) ---

Have you been in endemic area for yellow fever in the last 30 days? (Donor is unable if were in endemic area without
immunization within 30 days) -----**Advise: Ministry of Helath No 158, of 04.02.2016**



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TEST DATA

Test

	Positive	Negative	Not tested	Date tested: (DD/MM/YYYY)
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Hepatitis B Virus (HBV)

- HBsAg (surface antigen screening test)
- Anti-HBc (Antibody screening test)
- HBV-NAT (Nucleic Acid Amplification test)

Hepatitis C Virus (HCV)

- Anti-HCV (antibody screening test)
- HCV (RIBA verification test)
- HCV-NAT (Nucleic Acid Amplification test)

Human T-Lymphotropic Viruses (HTLV)

- Anti-HTLV I/II (antibody screening test)

Human Immunodeficiency Virus (HIV)

- HIV 1 p24 antigen (screening test)
- HIV-NAT (Nucleic Acid Amplification test)
- Anti-HIV 1 and Anti-HIV 2 (antibody screening)

Syphilis

- VDRL - STS (serological test for syphilis)

Other

- CMV (Cytomegalovirus) IgM
 IgG

Anti-Chagas Disease

- Toxoplasmosis (antibodies) IgM
 IgG
 Total

- EBV (Epstein Barr Virus) IgM
 IgG

WNV-NAT (West Nile Virus)

Zika virus

Yellow Fever - Donor remains unable to donate 6 months after diagnosis

Other(s), please specify:

VERIFICATION TEST DATA

	Positive	Negative	Not tested	Date tested (DD/MM/YYYY)
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HBsAg neutralization (antigen screening test)

Anti-HTLV I/II (2nd test performed with a different kit)

Anti-HIV 1 (Western Blot)

FTA-ABS

Other(s), please specify:



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	Elevated	Normal	Not tested	Date tested (DD/MM/YYYY)
ALP				
Bilirubin				
Total Protein				
Albumin				
PR/INR				
APTT/Relation				
Beta HCG (test for pregnancy)				
ALT (Alanine Aminotransferase)				
Urea				
Creatinine				
SGOT				
SGTP				
GGT				
Other(s), please specify:				

RADIOLOGIES EXAMS / ELETROCARDIOGRAM

Chest X Ray:

Date
(DD/MM/YYYY)

Eletrocardiogram

OTHER TESTS**STEM CELL COLLECTION OF PERIPHERAL BLOOD**

Peripheral Access: Suitable for apheresis collection

Not suitable for apheresis collection

Other access:

If there is necessary use CVC, justify:

Collection date(s) (DD/MM/YYYY):

Start date G-CSF (DD/MM/YYYY):

In cases when there is no peripheral venous access appropriate, and it is not possible the femoral access, REDOME recommends that HPC source change on to the Bone Marrow.



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STEM CELL COLLECTION OF BONE MARROW

Collection date(s) (DD/MM/YYYY):

Autologous blood collected: Yes No

Detail:

INFORMED CONSENT

Informed consent signed: Yes No

Could the donor elucidate his/her doubts: Yes No

Date:

FINAL CLEARANCE

After the evaluation, is considered feasible as compliance with prescription: Yes No

If final clearance for donation is not granted, please detail reason(s):

Additional comments:

Donor/collection center representative:	Date (DD/MM/YYYY):	Donor/collection center signature and stamp:
Reviewer checking this form:	Date (DD/MM/YYYY):	Reviewer signature and stamp:

ACCEPTANCE OF DONOR FINAL CLEARANCE

I have received and reviewed the pre-collection physical examination test results and/or summaries from the lead collection physician for this donor.

I find that this volunteer stem cell donor is an acceptable donor for stem cell collection.
Consent for the donation has been verified

I do not require further testing or information at this time.

Based on the results provided, additional testing must be performed or additional information provided before stem cell collection can occur. Please provide additional comments below.

Comments:

Transplant center representative:	Date (DD/MM/YYYY):	Transplant center signature:
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Please, send the acceptance to carla.aguiar@cancer.org.br or helena.albuquerque@cancer.org.br