Český národní registr dárců dřeně

CZECH NATIONAL MARROW DONORS REGISTRY

Czech Republic, 323 00 Plzeň, Alej Svobody 80

Fax: +420 373 034 442, Phone: +420 373 034 333, E-mail: registr@kostnidren.cz

PRESCRIPTION FOR STEM CELL AND LYMPHOCYTE COLLECTION

☐ **HPC, Marrow** ☐ **HPC, Apheresis** ☐ **TC, Apheresis**

PATIENT DATA	
Patient name:	Patient ID: (assigned by patient registry)
Patient registry:	
Transplant center:	Patient ID: (assigned by donor registry)
Donor ID:	Donor GRID:
Donor registry:	

PRE-COLLECTION ADDITIONAL SAMPLES			
Are pre-collection samples required? ☐ Yes ☐ No			
Sample type:	ml heparin	ml EDTA	ml ACD
	ml no anticoagulant	ml other:	
Samples to be shipped to:			
Institution:	Attention:		
Address:	Phone:		
	Fax:		
	Email:		
	Note: This blood will be shipped at the time of the donor physical exam unless otherwise requested.		

STEM CELL OR LYMPHOCYTE COLLECTION	**HPC, Marrow**	**HPC, Apheresis**	**TC, Apheresis**
	TNC:	CD34 pos:	CD3 pos:
Required cells/kg	x 10^8/kg	x 10^6/kg	x 10^8/kg
x Patient weight (kg)	kg	kg	kg
= Total number of cells	x 10^8	x 10^6	x 10^8
+ Cells for quality assurance testing	x 10^8	x 10^6	x 10^8
= Total number of cells	x 10^8	x 10^6	x 10^8
Please provide explanation if total number of cells exceeds 5.0 x 10^8 for TNC and CD3 pos or 5.0 x 10^6 for CD34 pos:			
IRB/Ethics board (or equivalent) approval: ▼	Date: (YYYY-MM-DD)		

Required anticoagulant:				Donor plasma required? ☐ Yes ☐ No	Transport temperature: ▼
☐ Heparin	ml	☐ EDTA	ml	Preferred method of overnight storage (if needed) of product(s):	
☐ Other:			ml		
☐ ACD	ml or ratio:			Required media for ▼ transportation:	

ADDITIONAL SAMPLES TO ACCOMPANY STEM CELL OR LYMPHOCYTE PRODUCT			
Sample type:	ml heparin	ml EDTA	ml ACD
Samples to be taken on collection day: ▼	ml no anticoagulant	ml other:	

Additional comments:

WMDA

Reset Form

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DISCLAIMER:

- The cell products collected from this donor are intended solely for the purpose of immediate therapeutic treatment for the above mentioned patient.
- Excess cells may be stored for future therapeutic treatment for this patient. No other uses of these cells are permissible. Cells not used for the therapeutic treatment of the above mentioned patient must be disposed of properly.
- The donor center must be provided detailed information concering the use and/or disposal of all portions of this cell product. By accepting these cells, the transplant physician also accepts these terms and conditions. Deviations from these terms are not permitted without prior written approval from the donor center.
- Any serious product events and/or adverse effects must be reported both to the donor's registry and transplant center. Corresponding SEAR/SPEAR reports must be completed and provided to the WMDA Office.

Person completing form:	Date (YYYY-MM-DD):	Signature:

WMDA

Reset Form