







MEDICAL APPOINTMENT AND HARVEST SCHEDULE

Collection Center:

Physician: _____

| I werek | at CEDA | ACE | Donor | | | | | | , | with | | |
|---------|---------|-----|--------|------|-----------|------|--------|-----------|----------|------------|-----------|-------|
| GRID _ | | | | | , a | fter | beein | g informe | ed about | the collec | tion proc | esses |
| (Bone | Marrow | or | PBSC) | is | available | for | the | donatio | n of | | , | next |
| / | _/, | and | I have | in n | ny posses | sion | the li | nformed | Consent, | already | signed b | y the |
| donor. | | | | | | | | | | | | |

As soon as we have the results of the complementary diagnostic tests, we will inform CEDACE Coordination.

Lisbon, ___/___/____

Signature

After beeing filled, a copy should be sent to CEDACE Coordination

www.ipst.pt



IMP.11.5

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não paramos ESTAMOS ON SAÚDE EROBLICA

