







## 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

Serviço: CEDACE

Morada: Alameda das Linhas de Torres, nº 117 T +351 217504100 F +351 217504141



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não paramos ESTAMOS ON SAÚDE EROBLICA

