

## MEDICAL APPOINTMENT AND HARVEST SCHEDULE

Collection Center: \_\_\_\_\_

Physician: \_\_\_\_\_

I hereby confirm that CEDACE Donor \_\_\_\_\_, with GRID \_\_\_\_\_, after being informed about the collection processes (Bone Marrow or PBSC) is available for the donation of \_\_\_\_\_, next \_\_\_/\_\_\_/\_\_\_, and I have in my possession the Informed Consent, already signed by the donor.

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

Lisbon, \_\_\_/\_\_\_/\_\_\_\_\_

Signature

\_\_\_\_\_

**After being filled, a copy should be sent to CEDACE Coordination**

