

BLOOD STEM CELL COLLECTION REPORT AND RECEIPT



IMP.3233.3

Página 1 de 1

PBSC - Aphaeres	sis 🔲	Marrow			Leukocyte – Aphaeresis	
Patient						
Patient Name			Patie	ent ID		
Transplant Center			Donor GRID			
Collection Details			1			
Collection Date			Collecting Physician			
Collection Center						
Address of Collection Center						
Dhana	Te				Tr	
Phone	Fax				E-mail	
	-				1	
Collection						
Time first collection started	Time first collection finished					
Time second collection started	Time second collection finished					
Total number of bags	Total volume collected					
Total number of nucleated cells		l				
Anticoagulant used Tis			ïssue culture media used			
Necessary deviation from products	in from products	specified in	forms	CED10/04	4 and CED 11/04	
A 1 192						
Additional comments						
Collecting Physician Signature		Date		Date		
	-					
Name of person handling product to courier						
Name of the Courier						
				T =		
Product Received	Signature			Date		