



Instituto Português do Sangue e da Transplantação, IP

## TRANSPLANT REPORT



Registo Português de Dadores de Medula Óssea  
Portuguese Bone Marrow Donors Registry

IMP.3235.3

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PBSC – Aphaeresis  Marrow  Leukocyte – Aphaeresis

### Patient

Patient Name	Patient ID
Collection Center	Donor GRID

### Product Delivery

Courier Name
Date and time product handed to the transplant physician

### Transplant Details

Transplant Center		
Phone	Fax	E-mail
Name of transplant physician	_____	
Total volume received before processing	_____	
Total nucleated cell count obtained before processing	_____	
Total CD34+ count obtained before processing	_____	
Was further processing performed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Type of processing (if applicable)	_____	
Date and time of transfusion	_____	
Was a fraction of the product cryopreserved for transfusion at a later date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Additional comments		
Person completing the form	Signature	Date