



Instituto Português do Sangue e da Transplantação, IP

VERIFICATION FORM FOR PBSC PRESCRIPTION



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

IMP.3275.2

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PATIENT		
Patient Name:	Patient ID:	Weight (Kg):
Transplant Center (TC):		

DONOR	
Donor GRID:	Weight (Kg):

SECTION A : TO BE COMPLETED BY THE DONOR CENTER (DC)	
Total number of CD34 ⁺ Cells requested by TC on the PBSC Prescription : x10 ⁶	
Donor Center Signature:	Date:

SECTION B: TO BE COMPLETED BY THE COLLECTION CENTER (CC)		
Collection Center Name:	PBSC Collection Date(s) of Collection (DD/MM/YY) ___/___/___ and ___/___/___	Peripheral Blood to be collected at the time of first apheresis
Contact Person:	Total number of CD34 ⁺ cells requested x10 ⁶	<input type="checkbox"/> ___ mls Heparin <input type="checkbox"/> ___ mls ACD <input type="checkbox"/> ___ mls EDTA <input type="checkbox"/> ___ mls no anticoagulant <input type="checkbox"/> ___ mls Product sample
Telephone:	Anticoagulants and medium: Heparin: ___ ACD: ___	
FAX:	Other _____	
Email:	Donor Plasma requested: Yes: ___ No: ___ Amount: _____	
Address:	CD34⁺ Cell enumeration method: <input type="checkbox"/> ISHAGE Dual Platform Protocol <input type="checkbox"/> ISHAGE/CPC Single Platform Protocol (incl. Stem-kit, Beckman-Coulter) <input type="checkbox"/> Milan/Mulhouse/Nordic Protocol <input type="checkbox"/> ProCount/True Count (BD Biosciences) <input type="checkbox"/> Other (please specify) _____	
Estimated number of Collections: <input type="checkbox"/> one <input type="checkbox"/> two		
Based on the experience at this collection center, we feel that the requested number of CD34 ⁺ cells is:		
<input type="checkbox"/> FEASIBLE NOTE: This is not a guaranty that the requested number of cells will be supplied. The number of cells collected may be larger or smaller. <input type="checkbox"/> NOT FEASIBLE		
Comments: _____		
Collection Center Signature:		Date:

SECTION C: TRANSPLANT CENTER ACCEPTANCE OF TERMS PROVIDED BY DC AND CC	
<small>DISCLAIMER: The cell products collected from this donor are intended solely for the purpose of immediate therapeutic treatment for the above mentioned patient. Excess cells may be stored for future infusion for this patient. No other uses of these cells are permissible. Cells not used for therapeutic treatment of the above mentioned patient must be disposed of properly. The donor center must be provided detailed information concerning the use and/or disposal of all portions of this cell product. By accepting these cells, the transplant physician also accepts these terms and conditions. Requests for deviations from these terms must be submitted in writing to the donor center approval.</small>	
Transplant Center Signature:	Date: