DONOR WORKUP REQUEST AND PRESCRIPTION FORM

Instructions:

- All fields are mandatory for the request to be accepted. Indicate N/A where necessary, do not leave any fields blank.
- As this is a fillable PDF, please complete the form electronically. If handwritten forms are submitted, please write legibly.
- Refer to the Appendix for the list of Infectious Disease Markers tested at BMDP.
- Include the following documents with this request.
  1. Donor and Patient Laboratory HLA Typing.
  2. BMDP's DM-F-07 Transplant History Form – For subsequent donations and MNCs requests.

PATIENT DATA					
BMDP Patient ID		**Patient Registry ID**			
Patient Registry		**Transplant Centre**			
Patient Diagnosis		**Blood Group/RhD**			
Sex	☐ M ☐ F	**Age**		**CMV**	
Ethnicity		**Weight (kg)**		**Weight Measurement Date (dd-mmm-yyyy)**	

DONOR DATA					
GRID	3785 -				
Donor ID					
Sex	☐ M ☐ F	**Age**		**Weight (kg)**	
Ethnicity		**CMV**		**Blood Group/RhD**	

PRE-COLLECTION SAMPLE AT WORKUP (Note: 50 ml is the maximum volume that can be requested)		
1. Are pre-collection samples required?		
2. Shipping conditions	☐ Cooled 2 - 8 °C *(Additional charges apply)* ☐ Controlled Ambient	
No anticoagulant (ml)	**ACD (ml)**	**EDTA (ml)**
Additional Remarks (Please indicate if there is any extra testing required at workup in this section)		

3. Pre-collection sample shipping information	
Attention/Name	
Institution	
Address Line 1	
Address Line 2	
Telephone No.	
Email Address	

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Donor ID		Patient ID	
GRID no.	3785-		

Contingency Plan

To ensure the best possible outcome for transplant patients, we require the TC to share the contingency plan(s) for if the donor becomes unavailable to proceed with the donation. Please note, the absence of a contingency plan could significantly impact the transplant process and potentially delay critical care for the patient. Please answer the questions below accordingly.

1. Are there other donors under consideration for this patient?	☐ Yes ☐ No
If yes, please indicate donor type: Please note that a backup donor may be requested from BMDP but not allowed to undergo workup concurrently as the primary donor, unless: i. There is uncertainty of primary donor's availability to donate. ii. It is confirmed that the primary donor is not proceeding with donation or G-CSF where applicable.	☐ Related Donor ☐ Primary MUD ☐ Backup MUD ☐ Others:
2. If you have a backup MUD, is the backup donor in process of physical examination for this patient?	☐ Yes ☐ No
3. If you have answered yes to any of the above, is the BMDP donor referenced above the primary donor? If no, please explain below:	☐ Yes ☐ No

TRANSPLANT HISTORY

1. Has this patient received any previous stem cell transplant?	☐ Yes ☐ No
These questions shall only be answered in case of subsequent donation and please submit BMDP DM-F-07 Transplant History form to accompany this request:	
2. Please list the source, types, and dates of any previous (allogeneic) transplants:	
3. Has the donor referenced above donated the stem cells to this patient before?	☐ Yes ☐ No
3a. If yes, was any of the original stem cell product cryopreserved for later infusion?	☐ Yes ☐ No ☐ N/A
3b. If yes, was that product infused? Date of infusion: _____ (DD/MMM/YYYY)	☐ Yes ☐ No ☐ N/A

PREFERRED DATES / PROTOCOL DATA

Preferred Collection Dates (in order of preference – DD/MMM/YYYY)		Corresponding Planned Infusion Dates (DD/MMM/YYYY)	
1.		1.	
2.		2.	
3.		3.	
Min. number of days prior to collection that donor clearance must be received			
Total number of days of *Conditioning Regimen			

*Conditioning Regimen is also known as Preparative Regimen. The number of days should include the start of the conditioning regimen to the day of stem cell transplant, including rest days.

E.g. The patient is admitted to the hospital on 01 Apr 2024, the conditioning regimen starts on 03 Apr 2024, and transplant is on 12 Apr 2024, there are a total of 10 days.

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GRID no.	3785 -	-	- -

STEM CELL CHOICE			
Choice	**PBSC**	**Bone Marrow**	**Lymphocyte**
1st	☐	☐	☐
2nd	☐	☐	☐

COLLECTION DETAILS			
Product Type	**HPC, Apheresis** (limit 2-5 x 10^6 $CD34^+$/kg)	**HPC, Marrow** (limit 2 x 10^8 TNC/kg)	**Lymphocyte**
Cell Type	**CD34+**	**TNC**	**CD3+**
Required Cells/kg			
Patient Weight (kg)			
Total number of cells (required cells x patient weight)			
Cells for quality assurance testing			
Transport Temperature (°C)			
Additional instructions (if any)			
PBSC Collection *(Medical explanation for requesting more than 5 X 10^6 CD34+/kg patient weight)*			
(BMDP USE ONLY) Medical Doctor-on-Call Comments:			
Marrow Collection *(Medical explanation for requesting more than 2 X 10^8 TNC/kg patient weight)*			
(BMDP USE ONLY) Medical Doctor-on-Call Comments:			

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DAY OF COLLECTION
(Note: 50ml is the maximum volume that can be requested)

1. Are additional samples required?	☐ Yes	☐ No
2. Is Donor plasma required?	☐ Yes	☐ No

If yes, please indicate final concentration of plasma:
(Note: max of 100ml plasma per donation day can be requested. 200ml per day for cryopreserved product)

Indicate the amount and type of tube(s) required by the Transplant Centre:

	Peripheral Blood		Product	
	Day 1 (marrow and PBSC)	**Day 2** (PBSC)	**Day 1** (marrow and PBSC)	**Day 2** (PBSC)
No anticoagulant (ml)				
ACD (ml)				
EDTA (ml)				
Additional blood samples shipping temperature	☐ Cooled 2 - 8 °C *(Additional charges apply)* ☐ Controlled Ambient			

Additional Remarks

PRODUCT TRANSPORT / DELIVERY INFORMATION

Attention/Name:			
Contact Number:			
Fax Number:			
Email:			
Facility:			
Address:			
Country:		**Postal/Zip Code:**	
Emergency contact and number: **(Name and person must be different from the main contact above)**			

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DISCLAIMER:

The BMDP ***will not*** initiate a second day collection if the number of cells collected on day one has reached 3 x 10^6/kg patient weight unless an amount greater than 5 x 10^6/kg patient weight is requested and approved by BMDP medical subcommittee

The cell products collected from the donor are intended solely for the purpose of immediate therapeutic treatment of the above-mentioned patient unless planned cryopreservation prior to initial infusion to the patient is approved in advance by BMDP's medical chairperson.

For cryopreservation request that is approved by BMDP's medical chairperson, BMDP shall initiate a second day collection if the number of cells collected on day one is less than 5 x 10^6 CD34+ cells/kg patient weight unless an amount less than 5 x 10^6 CD34+ cells/kg patient weight is requested.

Items that were loaned from CC for cryopreservation such as cassettes and cryobox must be returned within a month after donation date or additional charges may be imposed.

Excess cells may be stored for future therapeutic treatment of the patient. No other uses of these cells are permissible.Cells not used for the therapeutic treatment of the above-mentioned patient must be disposed of according to internal procedures and details provided to BMDP.

BMDP must be provided detailed information concerning the use and/or disposal of all portions of this cell product. Deviations from these terms are not permitted without written prior approval from BMDP.

Any serious product events and/or adverse reactions must be reported to the BMDP within 24 hours of occurrence and thereafter a SEAR/SPEAR report must be completed and submitted to the WMDA office by the BMDP.

As per WMDA Standards 6.04.3 “HLA verification typing results of the potential recipient should be available prior to requesting a specific donor for workup. At the latest, results must be available before the donor begins mobilisation or proceeds to collection, or the patient begins with the preparative regimen, whichever is earliest.” Please ensure the patient’s confirmatory/verification typing result is available to the search registry for this donation request.

Regarding the donor designated above, I verify that the relevant information is acceptable to proceed with stem cell collection for above patient.

Form Completed By	**Date (DD/MMM/YYYY)**	**Transplant Physician Signature**

FOR BMDP OFFICIAL USE ONLY

BMDP Medical Panel Doctor-on-call’s signature is required for approvals of any request for cell dose exceeding the above-mentioned limits.

Name of Doctor-on-call	**Date (DD/MMM/YYYY)**	**Doctor-on-call Signature**

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Appendix: Infectious Disease Markers

The following is the list of standard infectious disease markers that will be performed at BMDP Workup. If you require any additional tests not in this list to be done at workup, please indicate under "Additional Remarks" of the BMDP Workup Request and Prescription form. BMDP will inform you on the turn-around time and the additional charges that will apply. If additional test requested cannot be performed, pre-collection blood samples up to 50ml can be collected from the donor and samples will be shipped to TC. Donors will also be tested for local diseases that are important to consider in HSC transplants. Donors who have recently traveled abroad shall also assessed for infectious diseases prevalent in those travel regions.

a. Hepatitis B Virus (HBsAg, Anti-HBc, Anti-HBs, NAT HBV)
b. Hepatitis C Virus (Anti-HCV, NAT HCV)
c. Human T-Lymphotropic Virus (Anti-HTLV I, Anti-HTLV II)
d. Human Immunodeficiency Virus (Anti-HIV1 and 2, NAT HIV)
e. Syphilis (Syphilis TP Ab)
f. Cytomegalovirus (CMV IgG, CMV IgM)
g. Herpes Simplex Virus (HSV type I IgG, HSV type II IgG)
h. Varicella Zoster Virus (VZV IgG)

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VERSION NUMBER	EFFECTIVE DATE	DESCRIPTION OF CHANGE	PROCESS OWNER(S)		APPROVED BY
			PREPARED BY	REVIEWED BY	
2.0	23 Oct 2024	1. Added "Weight Measurement Date" field under Patient Data. 2. Added Contingency Plan Section, including Backup Donor Policy. 3. Added Conditioning Regimen explanation for clarity. 4. Added Appendix: Infectious Disease Markers. 5. Added into the Disclaimer: As per WMDA Standards 6.04.3 "HLA verification typing results of the potential recipient should be available prior to requesting a specific donor for workup. At the latest, results must be available before the donor begins mobilisation or proceeds to collection, or the patient begins with the preparative regimen, whichever is earliest." Please ensure the patient's confirmatory/verification typing result is available to the search registry for this donation request.	Head of Donor Management Lee Shok Li 16 Oct 2024	Head of Donor Management Lee Shok Li 16 Oct 2024	Chief Executive Officer Charles Loh 22 Oct 2024

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