NMDP Prescription for MNC, Apheresis

TC Code:

RID:

GRID:

Registry Donor ID:

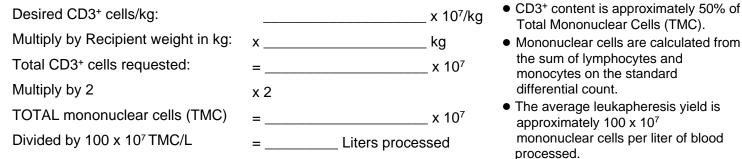
 DO NOT include samples related to a transplant center research study (requiring NMDP IRB approval) on the prescription. Instead, include these research samples on the Request for NMDP Donor to Participate in a Research Study form.

PRE-COLLECTION BLOOD SAMPLES

SAMPLE REQUIREMENTS: Shipping Information Attn/Name: mls Red top tube (no anticoagulant) Center Name: mls Yellow top tube Address Line 1: (ACD) Address Line 2: mls Green top tube City, State, Country, Zip: (sodium heparin) Telephone: mls Purple top tube (EDTA)

Specify when samples should be collected:

CELL DOSE CALCULATIONS



A maximum of 24 liters of donor blood will be processed in a single apheresis procedure to accommodate request

Designate transport temperature:	Room Temperature	Cooled with reusable coolant packs
Will portions of the cells be cryopreserv	/ed? NO	YES
Will the cells be manipulated prior to in	fusion? NO	YES \rightarrow Describe:

SAMPLES REQUIRED AT TIME OF COLLECTION

Indicate the volume and type of tubes required below. A minimum of 10 mls of peripheral blood must accompany product and be used for ABO and Rh confirmation.

	Peripheral Blood	MNC(A) Product
Red Tube (No anticoagulant)	mls	mls
Yellow Tube (ACD)	mls	mls
Green Tube (Sodium Heparin)	mls	mls
Purple Tube (EDTA)	mls	mls

Regarding the donor designated above, I verify that the ABO type, degree of HLA match, compatibility testing results and infectious disease results are acceptable to proceed with MNC, Apheresis collection for above patient.

Form Completed By