

# Operational Information ION-2547

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| Operational data for Verein für Knochenmark- und Stammzellspenden e. V. - VKS Paraguay - ION-2547 |                                                                                                                          |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>Organisation Overview</b>                                                                      |                                                                                                                          |
| The information has been reviewed in year :                                                       |                                                                                                                          |
| Issuing organisation Number (ION)                                                                 | ION-2547<br>The Issuing Organisation Number of a organisation, this is globally unique number, as issued by the ICCBBA.  |
| Time zone                                                                                         | Europe/Amsterdam (GMT+01:00)<br>The timezone in which this organisation operates.                                        |
| Business hours                                                                                    | 8.00-16.00<br>The daily hours in which this organisation operates.                                                       |
| Work schedule                                                                                     | Like VKS-Germany<br>The normal work week in which this organisation operates.                                            |
| Organisation closures                                                                             | No planned closures of the organization<br>For all organisation closures, please see the <a href="#">WMDA Calendar</a> . |
| Donor ID example                                                                                  | PYVKS10000XXXX<br>ID to be expected on paperwork, samples, and products.                                                 |
| <b>Preliminary Search</b>                                                                         |                                                                                                                          |
| Requires preliminary search request form                                                          | Not applicable<br>If yes, form required can be found on the Documents Page.                                              |
| <b>Extended Typing</b>                                                                            |                                                                                                                          |
| Typing options available for request                                                              | n.a.<br>Please note special requirements listed                                                                          |
| Requires organisation specific typing request form                                                | No<br>If yes, form required can be found on the Documents Page.                                                          |
| Number of days donor is reserved for a patient after a request                                    | 8 weeks                                                                                                                  |
| <b>Verification Typing</b>                                                                        |                                                                                                                          |
| Maximum blood volume allowed                                                                      | 50 ml                                                                                                                    |
| Requires organisation specific typing request form                                                | Not applicable<br>If yes, form required can be found on the Documents Page.                                              |
| IDM testing performed at verification                                                             | Yes                                                                                                                      |
| Number of days donor is reserved for a patient after a request                                    | 3 months                                                                                                                 |
| <b>Sibling Typing</b>                                                                             |                                                                                                                          |
| Registry is willing to arrange sibling typings                                                    |                                                                                                                          |
| If yes, procedure to apply for sibling typings                                                    |                                                                                                                          |
| <b>Workup Request</b>                                                                             |                                                                                                                          |
| Product dosage limit                                                                              | 500-1500 ml BM (10-15 ml/kg BW; PBSCT 150-300 ml<br>Number of donor cells allowed based on recipient weight.             |
| Requires patient to meet certain standards in order to proceed with collection                    | Not applicable<br>Organisation may or may not allow donor collections for some patients.                                 |
| Patient physician must report the following in order to proceed with collection                   | n.a.<br>Must provide additional information to organisation.                                                             |

|                                                  |                                                                                                                               |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Requires organisation specific work up forms     | No<br>If yes, form(s) required can be found on the Documents Page.                                                            |
| Workup IDM completed 30 days prior to collection | Yes<br>Donor IDM results must be performed within 30 days of collection date to be valid and allow the collection to proceed. |
| Medical Health Questionnaire example available   | Yes<br>If yes, the example can be found on the Documents Page.                                                                |
| <b>Post-Transplant</b>                           |                                                                                                                               |
| Subsequent donation policy                       | Allowed                                                                                                                       |
| Anonymous contact allowed                        | Allowed                                                                                                                       |
| Direct contact allowed                           | After 2 years                                                                                                                 |
| Gift exchange allowed                            | No                                                                                                                            |
| Cord blood contact allowed                       | No                                                                                                                            |