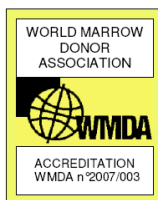


n°: _____ Date: ____/____/____



*Formal request
for human stem cell collection
(I transplant only)*

To be completed by the transplant centre

PATIENT DATA:

Patient name:		Patient ID code:		
Diagnosis:		Current disease status:		
Date of birth (mm/dd/yyyy):	Gender:	Weight: kg	CMV:	Blood group:

TRANSPLANT CENTRE:

Hospital:	Contact Name:
Address:	Phone n°:
	Fax n°:

DONOR DATA:

Donor ID code:

PRODUCT REQUEST:

..... Human Bone Marrow (BM) Stimulated Human PBSC*
Please fill in a numeric value next to both products to indicate preference 1= 1 st preference 2=2 nd preference; 0= not desiderated if 1 st preference not possible *If=1 please provide the reason for your preference
Additional requirement (Specify):

PROTOCOL DATA:

Conditioning regimen:	myeloablative	reduced intensity
Subsequent donation:	Lymphocyte collection may later be requested for DLI with high probability	

PREFERRED COLLECTION DATES (mm/dd/yy):

Marrow Collection:	PBSC collection: Indicate the first day's collection	Corresponding infusion date:
1	1	1
2	2	2

The donor clearance must be received by:(mm/dd/yyyy)
 Number of days of conditioning prior to transplant:
 (Conditioning of patient must not be undertaken until the registry has confirmed the donor to be medically fit and the results of all screening tests are known and have been reported to, and accepted by, the transplant center).

REQUIRED DOCUMENTATION TO ACCOMPANY THIS REQUEST

- Final Compatibility Test Results (Form RC307-don and Form RC307-rec). - Form RC308-m and/or Form RC308-p		
Person Completing Form:	Signature:	Date (mm/dd/yyyy):