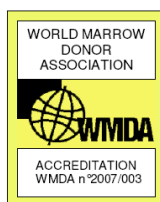


Italian Bone Marrow Donor Registry

Form RC308_1 (V2 1/1 Apr. 2007)

n° : _____ Date: ____/____/____



*Prescription for
human peripheral blood
lymphocyte collection
(not stimulated)*

To be completed by the transplant center

Patient name:	
TC code:	Donor ID code:

PRE-COLLECTION PERIPHERAL BLOOD SAMPLES (maximum 50 mls):

	mls EDTA		mls ACD	Other, please specify:
	mls Heparin		mls no anticoagulant	
Samples to be shipped to:				
Contact name:				
Phone n°: +39-				
Fax n°: +39-				

PERIPHERAL BLOOD LYMPHOCYTE COLLECTION:

recipient ideal weight		kg
X required CD3+ cells/Kg		X 10 ⁷
= total number of CD3+ cells		X 10 ⁷
	X 2	
= Total number of required mononucleated cells		X 10 ⁷
	/ 10	
= Total number of required mononucleated cells		X 10 ⁸

Preferred method of overnight storage (if needed) of apheresis product(s):
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PERIPHERAL BLOOD SAMPLES TO BE COLLECTED AT TIME OF COLLECTION (maximum 50 mls)

	mls EDTA		mls ACD	Other, please specify:
	mls Heparin		mls no anticoagulant	
Additional requirements (specify):				

Transplant physician:	Signature:	Date:
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