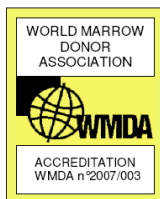


n° : _____ Date: ____/____/____



*HPC-Cord Blood Unit
 release in case of urgency*

To be completed by IBMDR

Recipient's first and last name:		
HPC-Cord Blood Unit Code:	RI Code:	Date:

IBMDR standards require that the below listed Quality controls/tests must be performed, before the shipment of the HPC-Cord Blood unit:

- Quality controls (QCs):
 - Total Nucleated Cells count;
 - viability;
 - CFU (Colony Forming Unit);
 - HPC-CBU HLA typing to confirm the previous typing and the identity (at least A, B e DRB1*LR);
 - CD34 positive cells count (not mandatory);
- HPC-Cord blood inherited maternal haplotype correct segregation;
- Mother and baby follow-up, if not already done;
- HPC-Cord blood unit characterization, if not already done, and infectious disease markers (mandatory according to Italian regulations).

The above indicated qualità control tests must be scheduled by the cord blood bank in order to communicate the pertinent results to the TC before the CBU shipment (approximately 15 days after receiving the request).

The TC is proposing a HPC-Cord Blood Unit shipment date, which could not allow our bank to complete the quality controls and tests.

Please tick one of the following options:

The TC prefers that the CBB perform all the above listed QC tests before shipment (in this case please provide a new shipment date);

The transplant procedure is urgent and so the TC chooses to proceed without the completed set of QCs available on the selected unit (please send back this form signed). Please note that the unit cannot be released under any circumstances without the HLA typing to confirm the previous typing and the identity of the unit. The costs of the issued unit must be paid even if the unit is not transplanted for any reason.

To be completed by the transplant center physician

I have read this document and I declare that the transplant of the above indicated patient is urgent. I accept to receive the HPC-Cord blood Unit without the complete set of CQs and/or tests available (with the exception of the HLA confirmatory typing/identity of the unit) and I confirm that a specific informed consent form for this has been obtained from the patient.	
TC Physician (first and last name):	
Signature:	Date:.....

P.S.: please send us this document completed ASAP in order to allow us to proceed with asking the CBB to provide the requested HPC-Cord Blood Unit for transplantation.