

Form C1-Handover

(V1 1/1 Aug 2021)

*Transport audit**- Handover HPC/lymphocytes -***HAND-OVER OF THE COLLECTED HPCs-LYMPHOCYTES***To be filled in by the second courier***Donor data**

GRID.....

Delivery #1: product hand-over at the meeting point with the second courier*First hand-over information*

Date and time..... (UTC:.....) Place (specify).....

Delivered by (name and last name in capital letter): Company.....

Signature:.....

Delivered by (name and last name in capital letter): Company.....

Signature:.....

*Product information:*Product: ☐ Bone Marrow ☐ PBSC ☐ Lymphocytes

Number of bags:.....

Peripheral blood samples (specify):
.....Accompanying documents (specify):
.....

The form C1 must follow the product and the involved couriers are requested to complete the check-list accordingly. Any notes or remarks must be traced in the check-list form.

*To be filled in by the third courier, if any***Delivery #2: product hand-over at the meeting point with the third courier***First hand-over information*

Date and time..... (UTC:.....) Place (specify).....

Delivered by (name and last name in capital letter): Company.....

Signature:.....

Delivered by (name and last name in capital letter): Company.....

Signature:.....

*Product information:*Product: ☐ Bone Marrow ☐ PBSC ☐ Lymphocytes

Number of bags:.....

Peripheral blood samples (specify):
.....Accompanying documents (specify):
.....

The form C1-hand over and form C1 must follow the product and the involved couriers are requested to complete the check-list accordingly. Any notes or remarks must be traced in the check-list form.

Copy to be sent to IBMDR and Transplant Center