



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

To be completed by the transplant centre

PATIENT DATA:

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 GRID:		
Back-up donor:		
Is there an autologous product?	YES	NO
Is there a related donor?	YES	NO
Is there an unrelated donor (adult/CBU)?	YES	NO

PRODUCT REQUEST:

HPC from Bone Marrow (BM)	HPC from peripheral blood after stimulation (PBSC)
Please fill in a numeric value in the box of both products to indicate your preference 1= 1 st preference 2=2 nd preference; 0= not desiderated if 1 st preference not possible	
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 of collection	Corresponding infusion date:
1	1	1
2	2	2
3	3	3

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 is 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		
TC person in charge for completing this form: (name and last name)	Signature:	Date (mm/dd/yyyy):