Reset

Italian Bone Marrow Donor Registry

Form RC308-m *(V10 1/1 Aug. 2021)*

WMDA Accredited

Prescription for human ***bone marrow*** *collection*

To be completed by the Transplant Centre

Patient ID:	TC IBMDR code:
Donor GRID:	

PRE-COLLECTION PERIPHERAL BLOOD SAMPLES *(maximum 30 mls)*:

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

MARROW COLLECTION:

Required Nucleated Cells/kg	X 10^8/kg*
x recipient ideal weight (kg)	kg
= Total Nucleated Cells for recipient	X 10^8
+ Nucleated cells for quality assurance	X 10^8
= Total Nucleated Cells	X 10^8

*** could not exceed: 6 x 10^8 /Kg**

DISCLAIMER. The cell products collected from this donor are intended solely for the purpose of immediate therapeutic treatment for the above mentioned patient and could not be criopreserved. Excess cells may be stored only for future therapeutic treatment for the same patient. IBMDR must be provided detailed information concerning the use and/or disposal of all portions of this cell product. Deviations from these terms are not permitted without prior written approval from IBMDR. The TC shall inform IBMDR in case of any adverse event occurred to the patient or product. By accepting these cells, the transplant physician also accepts these terms and conditions.

Required anticoagulant: Heparin ……u/mls ACD ……..vol ACD/vol BM

Product filtration requested: ☐ YES ☐ NO

Other specify):.....

Specify marrow transport conditions:

Room temperature ☐ Cooled (2-8 °C) ☐

PERIPHERAL BLOOD SAMPLES TO BE COLLECTED AT TIME OF COLLECTION *(maximum 30 mls)*

	mls EDTA		mls ACD	Other (specify):
	mls Heparin		mls no anticoagulant	
Additional requirements: ……..				

Person Completing Form:	Signature:	Date:……