



To be completed by the transplant center

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°:	

PERIPHERAL BLOOD LYMPHOCYTE COLLECTION:

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

DISCLAIMER. The first portion of the cell product collected from this donor is intended for the purpose of immediate therapeutic treatment for the above mentioned patient. Excess cells can be stored even in portions for future therapeutic treatment only 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.

Specify lymphocyte transport conditions:	
Room temperature	Cooled (4°- 10° C)

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

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

Person completing Form:	Signature:	Date:
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