

Italian Bone Marrow Donor Registry

Form C1-Handover

(V0 1/1 Mar 2020)



Transport audit
- *Handover HPC/lymphocytes* -

HAND-OVER OF THE COLLECTED HPCs-LYMPHOCYTES

To be filled in by the second courier

Donor data
Donor ID GRID.....

Delivery #1: product hand-over at the meeting point with the second courier
<i>First hand-over information</i>
Date and time.....(UTC:.....)
Place (specify).....
Delivered by (name and last name in capital letter): Signature:.....
Picked up by (name and last name in capital letter): Signature:.....
<i>Product information:</i>
Product: <input type="checkbox"/> Bone Marrow <input type="checkbox"/> PBSC <input type="checkbox"/> 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
<i>First hand-over information</i>
Date and time.....(UTC:.....)
Place (specify).....
Delivered by (name and last name in capital letter): Signature:.....
Picked up by (name and last name in capital letter): Signature:.....
<i>Product information:</i>
Product: <input type="checkbox"/> Bone Marrow <input type="checkbox"/> PBSC <input type="checkbox"/> 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