

## CONFIRMATION OF STEM CELLS COLLECTION

### To be completed by case manager and faxed to Collection Centre:

Donor name:	Hema-Quebec donor ID #:
Donor birth date (dd/mm/yyyy):	Hema-Quebec patient ID #:
Telephone (Home):	Telephone (Work):
Health card #:	Family physician:
Health card expiry date:	Weight as reported by donor:
Address:	
Companion's name and relationship:	
<b>Transplant Centre preferred collection dates:</b>	<b>Donor preferred collection dates:</b>
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
Patient Status Report (ENR-02650) <span style="float: right;"><input type="checkbox"/> Enclosed</span>	
1. Prescription for Marrow Collection:	<input type="checkbox"/> Enclosed, or
2. Prescription for G-CSF Stimulated Peripheral Blood Stem Cell Collection:	<input type="checkbox"/> Enclosed, or
3. Prescription for Unstimulated Leukapheresis Collection	<input type="checkbox"/> Enclosed
4. Application for Additional Donation (if applicable)	<input type="checkbox"/> Enclosed

### To be completed by Collection Centre and faxed back to case manager:

Collection Centre:	
Date and time for donor interview with collection centre (dd/mm/yyyy):	
Date of donor clearance (dd/mm/yyyy):	
Confirmed collection dates (dd/mm/yyyy):	Day 1: _____ Day 2: _____
Confirmed GCSF injection start date (if applicable):	To be administered by: _____
Confirmed collection time:	Anticipated time product will be available : _____
Name of Collection Physician:	Signature : _____