



Blood Products
Stem Cells
Human Tissues



Hema-Quebec
Stem Cell Donor Registry
4045 Cote-Vertu, St-Laurent
QC, Canada, H4R 2W7
Tel : + 514-832-1031
Fax : + 514-832-0266
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COLLECTION CENTRE BONE MARROW PRODUCT (HPC, MARROW) REPORT

(To be completed by collection centre to confirm collection details and product analysis)

Hema-Quebec Recipient ID#:	Hema-Quebec Donor ID#:
International Recipient ID#:	Donor DOB (dd/mm/yyyy):
Collection Centre:	Donor ABO/Rh:
Date of Collection: (dd/mm/yyyy)	Donor Gender: <input type="checkbox"/> M <input type="checkbox"/> F

COLLECTION DETAILS:

Time started (24h clock):	Time finished (24h clock):	Time Zone:	Total #Bags Collected:
Total Volume Collected: L			

PRODUCT ANALYSIS:

Total # of nucleated cells collected: _____ x 10 ⁸	
# of nucleated cells/bag (10 ⁸): BAG #1: _____ BAG #2: _____ BAG #3: _____	
Anticoagulant used:	Amount/Ratio:
Tissue culture media used:	Amount/Ratio:
Was marrow filtered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Method:
Any changes in marrow requirements? If yes, please specify:	Any changes in peripheral samples requested? If yes, please specify:

Signature: _____ Date: _____

ATTESTATION TO LABELLING REQUIREMENTS

Courier: I have examined all products, samples, and documents and verify that they are accurate and complete according to the patient and donor identifiers as indicated above.	
Name of Courier: _____	Signature of Courier: _____ Date: _____
Product Received by Courier (dd/mm/yyyy) _____	Time: _____ Time Zone: _____
Collection Centre Representative: _____	Signature: _____ Date: _____

Courier-original; copy to Collection Centre and to Hema-Québec at +(514)832-0266.

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NOTICE TO TRANSPLANT CENTRE

By accepting the accompanying product, you (the transplant centre) agree to the following:

- The cell products collected from this donor are intended solely for the purpose of immediate infusion for the above mentioned patient.
- Excess cells may be cryopreserved and stored for future therapeutic treatment for this patient. No other uses of these cells are permissible.
- Cells not used for the therapeutic treatment of the above mentioned patient must be properly discarded.
- Héma-Québec must be provided with detailed information concerning the use and/or disposal of this stem cell product, whole or partial.
- Any requests deviating from these terms must be submitted in writing to Héma-Québec for approval prior to collection. Héma-Québec reserves the right to accept or refuse any of these requests. (ex. Cryopreservation of total stem cell product)

To be completed by Transplant Centre:

The above collection specifications are: accepted not accepted

Transplant Physician signature: _____

Date (dd/mm/yyyy): _____

Name of Transplant Physician (please print): _____