

HPC, MARROW PRESCRIPTION VERIFICATION

Hema-Quebec Patient ID:	Hema-Quebec Donor ID:
International Patient ID:	
Collection Center:	Collection Date (dd/mm/yyyy):
Anticipated time product will be available to courier:	

The maximum volume removed from the donor should not exceed 20mL/kg donor weight.

To estimate the maximum marrow volume, complete the following:

Donor Weight: _____ kg x 20 = _____ mL (LINE 1)

If the donor's marrow count were equal to an average count of 0.22×10^8 /mL, removing the maximum volume would provide a total cell dose of:

_____ mL (LINE 1) X 0.22×10^8 = _____ $\times 10^8$ (LINE 2)

If the number on Line 2 is significantly less than the TOTAL nucleated cells requested on the marrow prescription form, the collection physician must state how much marrow the donor can safely donate. If the requested dose cannot be met, the collection center must contact Hema-Quebec before continuing with the donor workup process.

COLLECTION CONFIRMATION

An estimated cell dose of _____ $\times 10^8$ will be collected from this donor.

Requests	Reviewed and confirmed (✓)	Initials
Peripheral blood samples		
Anticoagulant		
Product samples		
Media (if applicable)		

If unable to comply with any of the above, please comment:

Collection Physician Signature: _____ Date (dd/mm/yyyy): _____

Name (print): _____



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
www.hema-quebec.qc.ca

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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 same 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): _____