

COLLECTION CENTRE DONOR MEDICAL EXAMINATION

#ID Héma-Québec Patient #ID :

#ID Héma-Québec Donor #ID:

Hema-Quebec donors are to be assessed for suitability to donate hematopoietic stem cells or leukocytes according to the following criteria:

1. Medical/Social History

Review and assess according to Héma-Québec *Health Screening Questionnaire* ENR-01763

Version: _____ Form effective date (dd/mm/yyyy): _____

2. Physical examination including assessment of:

- 2.1 Evidence of high risk behavior for HIV
- 2.2 Active systemic bacterial, fungal or viral infection
- 2.3 Signs of malignancy
- 2.4 Trauma to the retrieval site

3. Minimum Donor Testing Requirements

- 3.1 ECG (if indicated and for all donors 40 years of age and over)
- 3.2 Complete blood count and differential
- 3.3 Coagulation screen
- 3.4 Biochemical profile: urea, creatinine, electrolytes, liver function tests, blood sugar
- 3.5 Pregnancy test when indicated (mandatory for all female donors of childbearing years)
- 3.6 Sickle cell screening for donors of Black, Mediterranean and Arabic descent

4. Additional Collection Centre Requirements

- 4.1 Review Hema-Quebec's infectious disease markers, blood group and antibody screen results prior to donor clearance
- 4.2 Verify product prescription (cell count/volume/additives)
- 4.3 Identify any obvious difficulty in obtaining requested product cell count, and notify Hema-Quebec Case Manager
- 4.4 Arrange for vein assessment prior to donor clearance (if applicable)
- 4.5 Determine donor's suitability to donate autologous blood unit(s) (if applicable)
- 4.6 Ensure availability of autologous blood unit(s) (if applicable)
- 4.7 Complete and return the following documents to Hema-Quebec: this form,
 - *Collection Centre Donor Medical Examination* form ENR-01768
 - *Collection Centre Donor Medical Review* form ENR-01752
 - *Discussion of Collection Procedure with Prospective Unrelated Donor* form depending on donation type, and
 - *Product Prescription Verification* form depending on donation type.
- 4.8 Verify donor identity and obtain informed donor consent as per Collection Centre facility requirements

I, _____ (Collection Centre physician name), certify that the medical history, physical examination, the minimum donor testing requirements and the additional Collection Centre requirements detailed above have been completed in accordance with the Health Canada Safety of Human Cells, Tissues and Organs for Transplantation Regulations at _____ (Collection Centre name).

Collection Physician Signature: _____

Date (dd/mm/yyyy): _____