Český národní registr dárců dřeně

CZECH NATIONAL MARROW DONORS REGISTRY
Czech Republic, 323 00 Plzeň, Alej Svobody 80
Fax: +420 373 034 442, Phone: +420 373 034 333, E-mail: registr@kostnidren.cz

FORMAL REQUEST FOR HUMAN PERIPHERAL BLOOD LYMPHOCYTE COLLECTION (TC, Apheresis)

PATIENT DATA

Patient name:				Patient ID: (assigned by patient registry)
Patient registry:				Patient ID: (assigned by donor registry)
Transplant center:				
Diagnosis:				Current disease status:
Date of birth: (YYYY-MM-DD)	Gender:	Weight: kg	CMV:	Blood group/RhD:

DONOR DATA

Donor ID:		Donor GRID:		
Date of birth: (YYYY-MM-DD)	Gender:	Weight: kg	CMV:	Blood group/RhD:
Donor registry:				

TRANSPLANT CENTER DATA

Institution:	
Shipping address:	Invoice address:
Contact person:	Contact person:
Phone:	Phone:
Fax:	Fax:
E-mail:	E-mail:

PRODUCT REQUEST

DLI: If >3rd DLI, indicate no. of DLI

PROTOCOL DATA Please enclose a *brief* protocol flow chart

Products that are *included* in the protocol and therefore may later be requested:

If >1 DLI, please specify number: ☐ Additional BM ☐ Additional PBSC

☐ Other, please specify:

List types and dates of any previous (allogenic) transplants:

Did the donor being requested above previously donate stem cells on behalf of this patient? ☐Yes ☐No

Was any of the original stem cell product cryopreserved for later infusion? ☐Yes ☐No

If yes, was that product infused? ☐Yes ☐No

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Donor ID:	Donor GRID:	
Donor registry:		

PREFERRED DATES: (in order of preference)

Collection date (YYYY-MM-DD):	Corresponding infusion date (YYYY-MM-DD):
1	1
2	2
3	3
Minimum number of days prior to collection that donor clearance must be received:	

REQUIRED DOCUMENTATION TO ACCOMPANY THIS REQUEST

1. Detailed description of patient's post-transplantation condition
2. Summary of transplant protocol to be used with the most recent protocol review date
3. Completed prescription of peripheral blood lymphocyte collection form
4. WMDA form previous transplant history or equivalent

Person completing form:	Date (YYYY-MM-DD):	Signature: