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

EVALUATION OF THE RECEIVED STEM CELL PRODUCT

(To be completed by the transplant center)

☐ **bone marrow**	☐ **PBSC**	☐ **lymphocytes**

Patient name:	Transplant centre:
Donor registry: Czech National Marrow Donor Registry – CS2	Donor ID number:
Product ID number:	Collection date:

SECTION A: PRODUCT RECEIPT

Arrival date: (Day/Month/Year)	Time:	Product temperature: °C
Was the product received undamaged? ☐ YES ☐ NO If no, describe the problem:		

SECTION B: PRODUCT QUALITY CONTROL

Nucleated cells:	☐ UNK ☐ NA	Total volume: (ml)	☐ UNK ☐ NA	CD34+ cells:	☐ UNK ☐ NA
CD3+ cells:	☐ UNK ☐ NA		☐ UNK ☐ NA	Viability: (% of nucleated cells)	☐ UNK ☐ NA

SECTION C: PRODUCT MANIPULATION

Was the full stem cell product used at once for transplantation? ☐ YES ☐ NO Infusion date: (Day/Month/Year)
Was any portion of the stem cell product stored for later infusion? ☐ YES ☐ NO Amount stored:
Was the stem cell product manipulated before infusion? ☐ YES ☐ NO If yes, what kind of the processing was done? (e.g. RBC depletion, immunoselection, volume reduction)

SECTION D: SERIOUS PRODUCT EVENT AND ADVERSE EFFECT (WMDA SPEAR)

Did an adverse event relating to the hematopoietic stem cell product and/or patient occur (e.g. product coagulation, contamination, transport problems, inadequate cell dose)?	☐ YES ☐ NO
Description of event attached?	☐ YES ☐ NO

SECTION E: COMMENTS, COMPLAINTS

Transplant Centre representative completing form:	Signature:	Date: (Day/Month/Year)

PLEASE, FAX THE FORM AFTER COMPLETING THE PRODUCT EVALUATION TO THE REGISTRY COORDINATION CENTRE, FAX NUMBER: +420 377 259 072