

VERIFICATION OF CELL PRODUCT

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<input type="checkbox"/> HPC, Marrow	<input type="checkbox"/> HPC, Apheresis	<input type="checkbox"/> T-Cells, Apheresis
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PATIENT/DONOR DATA			
Patient name:		Patient ID:	
Patient registry:		(assigned by patient registry)	
Transplant center:		Patient ID:	
		(assigned by donor registry)	
Date of Birth: (YYYY-MM-DD)	Gender:	Weight in kg:	Blood group/RhD:
Donor ID:		Donor GRID:	
Donor registry:			
Date of Birth: (YYYY-MM-DD)	Gender:	Weight in kg:	Blood group/RhD:

SECTION A: to be completed by the donor center		
Comments:		
Person completing form:	Date (YYYY-MM-DD):	Donor center signature:

SECTION B: to be completed by the collection/apheresis center	
Institution:	
Address:	Collection date(s) (YYYY-MM-DD):
	Start date G-CSF (YYYY-MM-DD):
	Anticoagulants: <input type="checkbox"/> Heparin <input type="checkbox"/> ACD <input type="checkbox"/> EDTA
	<input type="checkbox"/> Other: Volume/ratio:
Attention:	Peripheral blood to be collected at the time of the collection:
Phone:	<input type="checkbox"/> ml heparin <input type="checkbox"/> ml ACD
Fax:	<input type="checkbox"/> ml EDTA <input type="checkbox"/> ml no anti-coagulant
E-mail:	<input type="checkbox"/> ml marrow tube, type:
Based on the experience at this center, we feel that the requested amount of cells is:	
<input type="checkbox"/> Feasible	Note that this is not a guarantee that the requested number of cells will be supplied. The number of collected cells may be larger or smaller.
<input type="checkbox"/> Not feasible	
Comments:	
Person completing form:	Date (YYYY-MM-DD):
	Collection/apheresis center signature:

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PATIENT/DONOR DATA	
Patient name:	Patient ID: (assigned by patient registry)
Patient registry:	Patient ID: (assigned by donor registry)
Transplant center:	Donor GRID:
Donor ID:	
Donor registry:	

DISCLAIMER:

- The cell products collected from this donor are intended solely for the purpose of immediate therapeutic treatment for the above mentioned patient.
- Excess cells may be 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 disposed of properly.
- The donor center must be provided detailed information concerning the use and/or disposal of all portions of this cell product. By accepting these cells, the transplant physician also accepts these terms and conditions. Deviations from these terms are not permitted without prior written approval from the donor center.
- Any serious product events and/or adverse effects must be reported both to the donor's registry and transplant center. Corresponding SEAR/SPEAR reports must be completed and provided to the WMDA Office.

SECTION C: transplant center acceptance of terms provided by donor & collection/apheresis centers		
Person completing form:	Date (YYYY-MM-DD):	Transplant center signature: