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|---|---|
| PATIENT DATA | |
| Patient name: | |
| Patient registry: | |
| Date of birth: (YYY-MM-DD) | |
| Patient ID: (assigned by donor registry) | Patient ID: (assigned by patient registry) |

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| DONOR DATA |
| Donor registry: |
| Donor ID: |
| GRID number: |

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| SECTION A: TO BE COMPLETED BY THE APHERESIS/COLLECTION CENTER | | |
| Based on the results of the donor history, examination and/or testing the donor is medically not able to proceed with donation as scheduled: | | |
| <input type="checkbox"/> The work-up must be CANCELLED. Comments: | | |
| <input type="checkbox"/> Additional relevant documentation is attached: | | |
| <input type="checkbox"/> The work-up must be POSTPONED. <input type="checkbox"/> Additional testing must be performed, results and final decision about donor suitability expected on: (YYYY-MM-DD) Comments: | | |
| <input type="checkbox"/> Additional relevant documentation is attached: | | |
| <input type="checkbox"/> The donor is temporary unavailable, until: (YYYY-MM-DD) Comment: | | |
| <input type="checkbox"/> Additional relevant documentation is attached. | | |
| | Date: (YYYY-MM-DD) | Responsible physician's signature: |
| Name of collection/ apheresis center: | | |

| PATIENT DATA | |
|---|---|
| Patient name: | |
| Patient registry: | |
| Patient ID: (assigned by donor registry) | Patient ID: (assigned by patient registry) |

| DONOR DATA | |
|-----------------|--|
| Donor registry: | |
| Donor ID: | |
| GRID number: | |

| SECTION B: TRANSPLANT CENTER ACCEPTANCE | | |
|---|--------------------|------------|
| <input type="checkbox"/> I confirm the receipt of the information above and | | |
| <input type="radio"/> acknowledge cancellation of the work-up | | |
| <input type="radio"/> agree to keep this work-up on hold until further notice | | |
| Comment: | | |
| Transplant center representative: | Date: (YYYY-MM-DD) | Signature: |