F70

VERIFICATION OF CELL PRODUCT

☐ **HPC, Marrow** ☐ **HPC, Apheresis** ☐ **MNC, Apheresis**

PATIENT DATA			
Patient name:			
Patient registry:			
Transplant center:			
Patient ID: (assigned by patient registry)		Patient ID: (assigned by donor registry)	
Date of birth: (YYYY-MM-DD)	Gender:	Weight in kg:	Blood group/RhD:

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

SECTION A: to be completed by the donor center		
Total number of cells requested by transplant center: x10^		
Comments:		
Person completing form:	Date: (YYYY-MM-DD)	Donor center signature:

SECTION B: to be completed by the collection/apheresis center	
Institution:	Number of cells that may be collected:
Address:	x10^
	Collection date(s): (YYYY-MM-DD)
ZIP code:	Start date G-CSF: (YYYY-MM-DD)
City:	Anticoagulants: ☐ Heparin ☐ ACD ☐ EDTA
Country:	☐ Other: Volume/ratio:
Attention:	Peripheral blood to be collected at the time of the collection:
Phone:	☐ ml heparin ☐ ml ACD
Fax:	☐ ml EDTA ☐ ml no anti-coagulant
E-mail:	☐ ml product tube, type:

Based on the experience at this center, we feel that the requested amount of cells is:

☐ **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.

☐ **Not feasible**

Comments:

Person completing form:	Date: (YYYY-MM-DD)	Collection/apheresis center signature:

WMDA

Reset Form

F70

VERIFICATION OF CELL PRODUCT

☐ HPC, Marrow	☐ HPC, Apheresis	☐ MNC, Apheresis

PATIENT DATA	
Patient name:	
Patient registry:	
Transplant center:	
Patient ID: (assigned by patient registry)	Patient ID: (assigned by donor registry)

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

DISCLAIMER:

- The cell products collected from this donor are intended solely for the purpose of immediate therapeutic treatment for the above mentioned patient. Any planned cryopreservation of the cell products prior to initial infusion to the patient may only occur with the advance written approval from the donor center.
- 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 and details must be provided to the donor center.
- 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 reactions must be reported both to the donor's registry and transplant center. Corresponding SEAR/SPEAR reports must be completed by the registry providing the product, submitted to the WMDA Office and details must provided to the donor center.

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