

Please complete this form detailing stem cell storage procedures in the event of national or international emergencies that may affect the timely transport of stem cell products. This may include, but is not limited to: catastrophic acts of nature, acts of war, and acts of terrorism. Storage methods such as cryopreservation will be discussed between both parties if the courier is prevented from travelling for more than 24 hours after final collection is completed. If possible, the transplant center will be asked for final confirmation before such storage procedures are performed.

<b>PATIENT DATA</b>	
Patient name:	
Patient registry:	
Transplant center:	
Patient ID: (assigned by patient registry)	Patient ID: (assigned by donor registry)

<b>DONOR DATA</b>
Donor registry:
Donor ID:
GRID number:
Contact person:
24 hour phone:

<b>TRANSPLANT PHYSICIAN'S PREFERENCE FOR EMERGENCY STEM CELL STORAGE</b>		
<b>Delay of:</b>	<b>Preferred storage method:</b>	
24-48 hours:		
Greater than 48 hours:		
Contact person:		
24 hour phone:		
Person completing section(s) above:	Date: (YYYY-MM-DD)	Signature:

<b>COLLECTION CENTER REPRESENTATIVE'S RESPONSE TO PREFERENCE REQUEST</b>		
Collection center:		
Collection date: (YYYY-MM-DD)		
<input type="checkbox"/> The collection center is able and willing to implement the above request if necessary. <input type="checkbox"/> The collection center is not able to implement the above request, however is able to implement the alternative method detailed below.		
Alternative storage method:		
Contact person:		
24 hour phone:		
Person completing section(s) above:	Date: (YYYY-MM-DD)	Signature: