



**Marrow Donor Program Belgium - Registry**  
**Motstraat 40 2800 Mechelen**  
**Tel: (32) - 15 44 33 96 Fax: (32) - 15 44 36 56**  
**Email : MDPB-registry@rodekruis.be**

**VERIFICATION OF CELL PRODUCT – STIMULATED HUMAN PERIPHERAL BLOOD STEM CELL  
(HPC, Apheresis)**

Patient name:	Patient ID number: (assigned by patient's registry)	Patient weight: (kg)
Transplant center:	Patient ID number: (assigned by donor's registry)	
Donor registry:	Donor ID#:	Donor weight: (kg)

This form must be completed by the donor center and the collection center and returned to the requesting registry. The requesting registry will forward the completed form to transplant center for verification. A copy of the fully completed and signed form will be returned to donor center and collection center.

**SECTION A: TO BE COMPLETED BY THE DONOR CENTER**

Number of CD34+ cells requested by TC*	X 10 <sup>6</sup>
* Please transfer the Total number of CD34 pos. cells listed on the Prescription for PBSC Collection provided by the Transplant center.	
Comments:	
Donor Center Signature:	Date: (Day/Month/Year)

**SECTION B: TO BE COMPLETED BY THE COLLECTION CENTER**

Collection Center Name:	PBSC Collection DATE(S) OF COLLECTION (Day/Month/Year) and	Peripheral Blood to be collected at the time of first apheresis
Contact Person:	Number of CD34+ cells requested X10 <sup>6</sup>	<input type="checkbox"/> mls Heparin
Telephone:	Anticoagulants and medium:	<input type="checkbox"/> mls ACD
Fax:	<input type="checkbox"/> Heparin <input type="checkbox"/> ACD	<input type="checkbox"/> mls EDTA
Email:	<input type="checkbox"/> Other	<input type="checkbox"/> mls no anti-coagulant
Address:	Donor Plasma requested: <input type="checkbox"/> Yes <input type="checkbox"/> No Amount:	<input type="checkbox"/> mls Product Sample
	<b>CD34+ CELL ENUMERATION METHOD:</b> <input type="checkbox"/> ISHAGE Dual Platform Protocol <input type="checkbox"/> ISHAGE/CPC Single Platform Protocol (incl. Stem-Kit, Beckman-Coulter) <input type="checkbox"/> Milan/Mulhouse/Nordic Protocol <input type="checkbox"/> ProCount/True Count (BD Biosciences) <input type="checkbox"/> Other (please specify)	
Estimated number of Collections:	<input type="checkbox"/> one <input type="checkbox"/> two	
Based on the experience at this collection center, we feel that the requested number of CD34+ cells is:		
<input type="checkbox"/> FEASIBLE <b>NOTE: This is not a guaranty that the requested number of cells will be supplied. The number of cells collected may be larger or smaller.</b>		
<input type="checkbox"/> NOT FEASIBLE Comments:		
Collection Center Signature:	Date: (Day/Month/Year)	

**SECTION C: TRANSPLANT CENTER ACCEPTANCE OF TERMS PROVIDED BY DONOR & COLLECTION CENTER**

**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 infusion 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. Requests for deviations from these terms must be submitted in writing to the donor center for approval.**

Transplant Center Signature:	Date: (Day/Month/Year)
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