



DONOR FINAL CLEARANCE – PRE-STEM CELL COLLECTION

(To be completed and sent by the donor registry to the transplant center for signature)

PATIENT

Patient Name:	Patient ID number: (assigned by patient's registry)
Transplant Center:	Patient ID number: (assigned by donor's registry)

DONOR

Donor ID:	Donor Registry:
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TEST INFORMATION

TEST	TEST RESULTS	DATE TESTED
HBs Ag (hepatitis B surface antigen screening test)	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested	(Day/Month/Year)
Anti-HBc (hepatitis B core antibody)	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested	(Day/Month/Year)
HBV Nucleic Acid Amplification Technique (NAT testing)	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested	(Day/Month/Year)
Anti-HCV (hepatitis C antibody screening test)	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested	(Day/Month/Year)
HCV (hepatitis C virus) (RIBA confirmatory test)	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested	(Day/Month/Year)
NHCV (NAT hepatitis C virus test)	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested	(Day/Month/Year)
Anti-HTLV I/II (screening test)	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested	(Day/Month/Year)
HIV Nucleic Acid Amplification Technique (NAT testing)	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested	(Day/Month/Year)
Anti-HIV1 and Anti-HIV2 (antibodies to human immunodeficiency viruses – screening test)	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested	(Day/Month/Year)
STS (serologic test for syphilis)	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested	(Day/Month/Year)
Cytomegalovirus (CMV) antibodies <input type="checkbox"/> both IgM and IgG <input type="checkbox"/> total	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested	(Day/Month/Year)
WNV-NAT Testing (West Nile Virus)	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested	(Day/Month/Year)
ALT (alanine aminotransferase)	<input type="checkbox"/> Normal <input type="checkbox"/> Elevated	(Day/Month/Year)

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TEST INFORMATION

TEST	TEST RESULTS	DATE TESTED
Epstein Barr Virus (EBV) antibodies <input type="checkbox"/> both IgM and IgG <input type="checkbox"/> only IgG	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested	(Day/Month/Year)
Toxoplasmosis antibodies <input type="checkbox"/> both IgM and IgG <input type="checkbox"/> total	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested	(Day/Month/Year)
Other(s) (specify):		
Blood Group/Rh: Weight: kg	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth: (Day/Month/Year)
Transfusions: <input type="checkbox"/> No <input type="checkbox"/> Yes Number:	Pregnancies: <input type="checkbox"/> Not Applicable <input type="checkbox"/> No <input type="checkbox"/> Yes Number:	

CONFIRMATORY TESTING INFORMATION

TEST	TEST RESULTS	DATE TESTED
HBs Ag Neutralization (hepatitis B surface antigen confirmatory test)	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested	(Day/Month/Year)
Anti-HTLV I/II (confirmatory test) (2 nd test performed with a different kit)	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested	(Day/Month/Year)
HIV-1 p24 antigen neutralization (confirmatory test)	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested	(Day/Month/Year)
Anti-HIV 1 by Western Blot (confirmatory test)	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested	(Day/Month/Year)
Anti-HIV 2 by Immunoblot (confirmatory test)	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested	(Day/Month/Year)
FTA-ABS (confirmatory test)	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested	(Day/Month/Year)
Other(s) (specify):		

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Marrow Donor Program Belgium - Registry
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Email : MDPB-registry@rodekruis.be

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Signed informed consent	Date: (Day/Month/Year)
Serological and biological clearance provided	Date: (Day/Month/Year)
Collection date(s)	Date: (Day/Month/Year)
Medical clearance provided	Date: (Day/Month/Year)
Additional comments:	
If final clearance for donation is not granted, please detail reason(s):	

Name of person completing form:	Title:
Signature:	Date: (Day/Month/Year)

TRANSPLANT CENTER ACCEPTANCE OF DONOR FINAL CLEARANCE

<p>I HAVE RECEIVED AND REVIEWED THE PRE-COLLECTION PHYSICAL EXAMINATION TEST RESULTS AND/OR SUMMARIES FROM THE LEAD COLLECTION PHYSICIAN FOR THIS DONOR.</p> <p><input type="checkbox"/> I FIND THAT THIS VOLUNTEER STEM CELL DONOR IS AN ACCEPTABLE DONOR FOR STEM CELL COLLECTION, SCHEDULED TO OCCUR ON THE DATES LISTED ABOVE. PATIENT CONSENT FOR THE DONATION HAS BEEN CONFIRMED.</p> <p>I DO NOT REQUIRE FURTHER TESTING OR INFORMATION AT THIS TIME.</p> <p><input type="checkbox"/> BASED ON THE RESULTS PROVIDED, ADDITIONAL TESTING MUST BE PERFORMED OR ADDITIONAL INFORMATION PROVIDED BEFORE STEM CELL COLLECTION CAN OCCUR. (PLEASE PROVIDE ADDITIONAL COMMENTS BELOW)</p> <p>COMMENTS:</p>	
Name of Person Completing Form:	Title:
Signature:	Date: (Day/Month/Year)