



Marrow Donor Program Belgium - Registry
Motstraat 40 2800 Mechelen
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VERIFICATION OF CELL PRODUCT – HUMAN BONE MARROW (HPC, Marrow)

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

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 the transplant center for verification. A copy of the fully completed and signed form will be returned to the donor and collection centers.

SECTION A: TO BE COMPLETED BY THE DONOR CENTER

Number of nucleated cells requested by the transplant center	X10 ⁸
* Please transfer the Total number of nucleated cells listed on the Prescription for Human Bone Marrow Collection provided by the Transplant center.	
Comments:	
Donor Center Signature:	Date: <small>(Day/Month/Year)</small>

SECTION B: TO BE COMPLETED BY THE COLLECTION CENTER

Collection Center Name:	Human Bone Marrow Collection DATE OF COLLECTION <small>(Day/Month/Year)</small>	Peripheral Blood to be collected at time of Bone Marrow Collection
Address:	Number of nucleated cells requested	<input type="checkbox"/> mls Heparin <input type="checkbox"/> mls ACD <input type="checkbox"/> mls EDTA <input type="checkbox"/> mls no anti-coagulant <input type="checkbox"/> mls Marrow Tube <input type="checkbox"/> Other:
Contact Person:	x10 ⁸	
Telephone:	Anticoagulants and medium:	
Fax:	<input type="checkbox"/> Heparin <input type="checkbox"/> ACD <input type="checkbox"/> Other	
Email:		
Based on the experience at this collection center, I feel that the requested number of nucleated cells is:		
<input type="checkbox"/> FEASIBLE 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.		
<input type="checkbox"/> NOT FEASIBLE Comments:		
Collection Center Signature:	Date: <small>(Day/Month/Year)</small>	

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: <small>(Day/Month/Year)</small>
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