DKMS
WE DELETE BLOOD CANCER

DKMS Group gGmbH
Kressbach 1
72072 Tübingen, Germany

Contact: TCS
T +49 7071 943 - 1943 / 1941
F +49 7071 943 1999
familydonors@dkms.org

RELATED DONOR WORKUP REQUEST

PATIENT DATA

Patient name:				
Patient registry:				
Diagnosis:				
Patient ID: (assigned by patient registry)			Patient ID: (assigned by donor registry)	
Date of birth: (DD-MM-YYYY)	Gender:	Weight (kg):	CMV:	ABO/Rh: (Cc D. Ee)

RELATED DONOR DATA

Full Donor Name:				
Relationship to patient:				
Address:				
City:		Country:		ZIP Code:
E-mail:			Tel:	
Date of birth: (DD-MM-YYYY)	Gender:	Weight (kg):	CMV:	ABO/Rh: (Cc D. Ee)
Has the donor been informed that this request has been made?:			Yes	No
Is the donor already registered with a donor center? If yes, which: If DKMS, please add Donor ID.				

TRANSPLANT CENTER DATA

Transplant Center Name:			
Contact person:			
Address:			
City:	Country:		ZIP Code:
E-mail:		Tel:	
Emergency Number:			

PRODUCT SHIPPING ADDRESS: / INVOICE(S) TO BE SENT TO:

PRODUCT SHIPPING ADDRESS:	INVOICE(S) TO BE SENT TO:
Institution:	Institution:
Address:	Address:
ZIP code:	ZIP code:
City:	City:
Country:	Country:
Attention:	Attention:
Phone:	Phone:
Fax:	Fax:
E-mail:	E-mail:

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Patient name:	
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Donor name:	

PRODUCT REQUEST

HPC, Marrow ONLY	HPC, Marrow, second option: HPC, Apheresis
HPC, Apheresis ONLY	HPC, Apheresis, second option: HPC, Marrow
MNC, Apheresis, please specify number of DLI (e.g. 1st, 2nd):	
Reason for product preference:	

DONOR PREFERENCE (in case of HPC, Marrow and/or HPC, Apheresis)

Are any other donors under consideration for donation of behalf of this patient?	Yes	No
Are any other donors in process of physical examination on behalf of this patient?	Yes	No
If you have answered yes to either of these questions above, is this donor requested for stem cell collection on this form the preferred donor?	Yes	No
If no, please explain:		

PROTOCOL DATA (please enclose a brief protocol flow chart if applicable)

Products that are included in the protocol and therefore may later be requested:		
Additional HPC, Marrow	Additional HPC, Apheresis	MNC, Apheresis, specify number of DLI:
Other, please specify:		
Total days of conditioning regimen the patient will receive prior to infusion:		
This includes chemotherapy for	days, and radiation for	days

TRANSPLANT HISTORY

Has this patient received any previous stem cell transplants?	Yes	No
If yes, please include WMDA Form F20 and answer following transplant history questions: List types and dates of previous (allogenic) transplants: Specify source of stem cells: Reason for subsequent transplant:		
In case the current request is for an MNC apheresis answer the following transplant history questions:		
Did the donor being requested above previously donate stem cells on behalf of this patient?	Yes	No
Was any of the original stem cell product cryopreserved for later infusion?	Yes	No
If yes, was that product infused?	Yes	No

PREFERRED DATES (in order of preference)

(First) collection date (DD-MM-YYYY):	Corresponding infusion date (DD-MM-YYYY):
1	1
2	2
3	3
Minimum number of days prior to collection that donor clearance must be received:	

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Donor name:	

PICK-UP PREFERENCES

Pick-up preference, if one apheresis is sufficient:

Pick-up at the end of the first collection day

No Pick-up preference

Comments:

PRECOLLECTION SAMPLES

Are precollection samples required?	Yes	No	
Sample type:	ml heparin ml no anticoagulant	ml EDTA ml other:	ml ACD

PRE-COLLECTION SAMPLES TO BE SHIPPED TO:

Institution:	
Attention:	
Address:	
ZIP code:	
City:	Country:
Phone:	Fax:
Email:	

STEM CELL AND/OR LYMPHOCYTE COLLECTION

Product type:	Apheresis	Marrow	MNC
Cell type:	CD34+	TNC	CD3+
Required cells/kg			
x Patient weight (kg)			
= Total number of cells			
+ Cells for quality assurance testing			
= Total number of cells			

Please provide explanation for high number of cells:	Please provide explanation for high number of cells:
IRB/Ethics board approval (or equivalent): Date: (DD-MM-YYYY)	IRB/Ethics board approval (or equivalent): Date: (DD-MM-YYYY)

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Donor name:	

ADDITIONAL SAMPLES TO ACCOMPANY STEM CELL OR LYMPHOCYTE PRODUCT

Peripheral blood samples: if Apheresis:

ml heparin ml ACD ml EDTA ml no anticoagulant

ml product tube, type: ml other:

Samples to be taken on collection day:

Additional comments:

TRANSPORT DATA

Product type: Apheresis Marrow MNC	
Required anticoagulant:	
Heparin EDTA ACD Other:	Donor plasma required? Yes No If yes, please indicate the desired final concentration:
Transport temperature:	Preferred method of overnight storage of product(s) (if needed):
Additional instructions:	
Should transport be organized by DKMS? Yes No	

REQUIRED DOCUMENTATION TO ACCOMPANY THIS REQUEST

In case of HPC, Marrow and/or HPC, Apheresis:

WMDA Form F30 Final Compatibility Test Results, or equivalent

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 informed consent of the related donor and the written approval from the responsible donor center (DKMS).
- 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 responsible donor center.
- 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 responsible donor center.
- Transplant Centers: Any serious product or recipient events and/or adverse reactions must be reported to the responsible donor center.
- DKMS: Corresponding S(P)EAR reports must be completed by the responsible donor center or transplant center and submitted to the WMDA office via the affiliated registry. Both sides need to align who will submit the results.

Person completing form:	Date (DD-MM-YYYY):	Signature: