



佛教慈濟骨髓幹細胞中心

Buddhist Tzu Chi Stem Cells Center

PRESCRIPTION FOR MOBILIZED STEM CELLS COLLECTION

(To be completed by the Transplant Center)

Recipient name : ALESSANDRA CREMONESE	BTCSCC Recipient ID :
Recipient weight : _____ kg	BTCSCC Donor ID :
Transplant Center : ZKRD Zentralregister Ulm	
Transplant Coordinator :	Phone Number : _____
Proposed Conditioning Date: _____	(YYYY/MM/DD)
Proposed Transplant Dates (1) _____	Collection Date (1) _____
(2) _____	(2) _____

<p>Pre-collection Peripheral Blood Samples (maximum 100 ml):</p> <p>_____ ml no anticoagulant (Red top)</p> <p>_____ ml ACD (Yellow top)</p> <p>_____ ml Heparin (Green top)</p> <p>_____ ml EDTA (Purple top)</p> <p>other, please specify: _____</p> <p>Indicate preferred arriving date for pre-collection blood samples(optional): ____/____/____</p> <p>Preferred sample arriving days (Please circle) : Mon. Tue. Wed. Thurs. Fri.</p> <p>Notice : Not include Taiwan and China</p>	<p style="text-align: center;">Shipping address /phone:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Attn/ Name:</td></tr> <tr><td>Center:</td></tr> <tr><td>Street Address:</td></tr> <tr><td>City, State, Country, Zip:</td></tr> <tr><td>Phone:</td></tr> <tr><td>Fax:</td></tr> </table>	Attn/ Name:	Center:	Street Address:	City, State, Country, Zip:	Phone:	Fax:
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STEM CELL COLLECTION:	CD34+ CELL DOSE
CD34 + cells/per kg.	x 5 x 10 ⁶ / kg
x recipient weight (kg)	kg
* total CD34 + cells required for recipient	x 10 ⁶

SAMPLES TO BE COLLECTED AT TIME OF COLLECTION (Maximum 20 ml)					
	Peripheral Blood		Product		
	Day1	Day2	Day1	Day2	Day2
Red	ml	ml	ml		ml
Yellow	ml	ml	ml		ml
Green	ml	ml	ml		ml
Purple	ml	ml	ml		ml

Packing instructions for transportation: **Shipping Temperature :** _____ °C

Special requirements :

Regarding the donor designated above, I verify that the ABO type, degree of HLA match, and test results are acceptable to proceed with PBSC collection for above patient. All necessary IRB approvals are in place for this patient. I also accept the fact that the quality of the first collection of PBSC may deteriorate, if it is to be delivered with the second collection on the following day.

_____	_____	_____
Transplant physician(Please print)	Signature	Date (yyyy/mm/dd)