



佛教慈濟骨髓幹細胞中心

**Buddhist Tzu Chi Stem Cells Center**

**Donor Final Clearance (Pre-Stem Cell Collection)**

1. RECIPIENT

BTCSCC ID Number:	Recipient ID Number:
Recipient Name:	
Transplant Hub/Center:	

2. DONOR

Donor ID:	Gender:	Age:
Blood Group/RH:	Weight: kg	Height: cm
Current Pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> No Previous Pregnancy Times: ____	Transfusion <input type="checkbox"/> Yes      Times: ____ <input type="checkbox"/> No	

3. TEST RESULTS

- Health Screening Report (As attachment I )
- Infections Disease Markers (As attachment II)
- Customized Confirmatory Testing Information as Requested by Transplant Center (As attachment III)

Signed informed consent	Date:
Medical clearance provided	Date:
Serological and biological clearance (IDM) provided	Date:
Collection date(s) scheduled	Date:
Name of person completing form:	Title: Coordinator
Signature:	Date:

**TRANSPLANT CENTER ACCEPTANCE OF DONOR FINAL CLEARANCE**

I have received and reviewed the pre-collection physical examination test results and/or summaries from the lead collection physician for this donor. <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. Recipient consent for the donation has been confirmed. I do not require further testing or information at this time. <input type="checkbox"/> Based on the results provided, additional testing must be performed or additional information provided before stem cell collection can occur. (See additional comments below) Comments:	
Name of Person Completing Form:	Title:
Signature: _____	Date: ____/____/____ (yyyy/mm/dd)

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