

佛教慈濟骨髓幹細胞中心 Buddhist Tzu Chi Stem Cells Center

Donor Final Clearance (Pre-Stem Cell Collection)

Blood Group/RH:WeCurrent Pregnancy : Previous Pregnancy Times :3. TEST RESULTSHealth Screening Report (As attactions Disease Markers (As a Customized Confirmatory Testing (As attachment III)Signed informed consent Medical clearance provided Serological and biological clearance Collection date(s) scheduledName of person completing form: Signature:		Recipient ID N	umber:			
Transplant Hub/Center:2. DONORGRID:GRID:Blood Group/RH:WeCurrent Pregnancy :Previous Pregnancy Times :3. TEST RESULTSHealth Screening Report (As attaInfections Disease Markers (As aCustomized Confirmatory Testing(As attachment III)Signed informed consentMedical clearance providedSerological and biological clearanceCollection date(s) scheduledName of person completing form:Signature:						
 2. DONOR GRID: Get Blood Group/RH: We Current Pregnancy : Previous Pregnancy Times : 3. TEST RESULTS Health Screening Report (As atta Infections Disease Markers (As a Customized Confirmatory Testing (As attachment III) Signed informed consent Medical clearance provided Serological and biological clearance Collection date(s) scheduled Name of person completing form: Signature: 						
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Current Pregnancy : Previous Pregnancy Times : 3. TEST RESULTS Health Screening Report (As atta Infections Disease Markers (As a Customized Confirmatory Testing (As attachment III) Signed informed consent Medical clearance provided Serological and biological clearance Collection date(s) scheduled Name of person completing form: Signature:	Gender: Age:		Age:			
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Customized Confirmatory Testing (As attachment III) Signed informed consent Medical clearance provided Serological and biological clearance Collection date(s) scheduled Name of person completing form: Signature:	Health Screening Report (As attachment I)					
(As attachment III) Signed informed consent Medical clearance provided Serological and biological clearance Collection date(s) scheduled Name of person completing form: Signature:	Infections Disease Markers (As attachment II)					
Signed informed consent Medical clearance provided Serological and biological clearance Collection date(s) scheduled Name of person completing form: Signature:	Customized Confirmatory Testing Information as Requested by Transplant Center					
Medical clearance provided Serological and biological clearance Collection date(s) scheduled Name of person completing form: Signature:	(As attachment III)					
Serological and biological clearance Collection date(s) scheduled Name of person completing form: Signature:	Signed informed consent					
Collection date(s) scheduled Name of person completing form: Signature:	Medical clearance provided					
Name of person completing form: Signature:	Serological and biological clearance (IDM) provided					
Signature:	Collection date(s) scheduled					
	Name of person completing form:				ordinator	
	Signature:					
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.						
□ 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.						
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:	Title:			
					yy/mm/dd)	
Signature:		Date:	,			

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