

Request for Issue of Cryopreserved Products

Effective Date: 20/02/20

Patient safety: the availability of cryopreserved products must be confirmed in writing between the Stem Cell Laboratory and the referring Consultant before the patient commences conditioning therapy. Send completed form at least 2 working days before commencement of conditioning therapy to:

2F

Patient / recipient

TitleSurname.....
 First name
 NHS no.
 Hospital no. / Panel ID.....
 Date of birth.....
 Blood group.....
 Sex.....Wt.....(kg)

Donor (for allografts)

TitleSurname.....
 First name
 NHS no.
 Hospital no. / Panel ID.....
 Date of birth.....
 Blood group.....
 Sex.....Wt.....(kg)

Hospital.....WardPhone / pager
 Diagnosis and current disease status
 Conditioning type.....Start date

Request Allogeneic Autologous

Reason for collection: HPC, Apheresis HPC, Marrow TC - T cells HPC, Cord Blood
 CAR-T Other(e.g. clinical trial name)Manufacturer/Product.....

Procedure: Thaw / wash remove DMSO Issue to Transplant Centre Thaw at bedside Transfer elsewhere

Total dose requiredLocation required

Date required.....Time required.....

Identify products required:

NHSBT product identifier	Collection date	Number of bags required	Dose required

Requesting Consultant (this request will only be accepted with a recognised Consultant's or approved designee's signature)

Name (print).....Signature.....

Phone / pagerDate

Transplant Centre contact

NamePhone / pager

NHSBT use only

Bags confirmed as available and OK to issue? YES NO

Name.....Signature.....Date

Applicable NHSBT documents:
 MPD634 – The Use of SCI referral Forms and Information Sheets
 MPD624 – Request, Receipt and Administration of HPC and TC Components