FRM6512/3 – Ad-hoc Tissues Request Form

NHS Blood and Transplant Effective date: 19/04/2023

NHSBT has a Third-Party Agreement with NORS teams that permits tissue procurement under NHSBT's Human Application Sector Licence (Tissue and Cells). The centre receiving the tissue must have their own Human Application Sector License (Tissue and Cells) and the Designated Individual of this licence must take responsibility for release of the tissue for clinical use. The Designated Individual of this licence is responsible for applying the tissue donor selection criteria.

In order to ensure the quality and safety of the tissue requested, the RCPOC should complete the table below in full clearly specifying the information requested.

Return form to ODT Hub Operations: odthub.operations@nhsbt.nhs.uk

Requester Information						
Name						
Contact Number	Reques			uesting Centr	e	
Patient Information (confidential)						
Recipient Surname				Recipient Forename		
NHS number					Date of Birth (DD/MM/YYYY)	
Recipient's Sex				Blood Gro Recipient	up of	
Timeframe for request (i.e. planned date of surgery)						
Deceased Donor Criteria - Detail clearly for consent/authorisation purposes						
Tissue Requested Vessels						
Rectus Fascia						
		Minimum Lon	ath (unit)			
If vessels requested		Minimum Length (unit) Maximum Length (unit)				
Minimum Donor Age		• • • •		Maximum Donor Age		
Blood Groups Compatible				inaxinani B		
Blood Sample Requirements (to accompany tissue)						
Sample type		Volume (m		(mls)		
N.B. A blood sample is needed and testing needs to be carried out under Tissue Quality Safety Regulations by requesting centre						
Risk						
Is the Transplant Centre prepared to accept tissue outside of JPAC Guidelines and therefore committing to undertake a risk/benefit assessment against tissue being offered?						
No Yes* *Ensure discussion with SNOD & review of CDDF and MASH						
B Requesting centre to	review don	or characterisation	in respect of re	ecipient and risk	and release under Human Application Licence	
Name and contact number for use when a potential suitable donor identified						

Please complete all fields and **'Lock Form'** prior to sending to: odthub.operations@nhsbt.nhs.uk

Controlled if copy number stated on document and issued by QA Cross-Referenced in Primary Document: SOP5685

N.