

FRM1599/4 – 2F Request for Issue of Cryopreserved Products

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.

Patient

Surname.....
 First name
 NHS Number.....
 Hospital Number.....
 Date of birth.....

Donor (for Allografts)

Surname.....
 First name
 NHS Number.....
 Hospital Number.....
 Date of birth.....

Hospital..... Ward..... Phone.....

Diagnosis and current disease status

Conditioning typeStart date.....

Request

Allogeneic Autologous

Product:

HPC, Apheresis HPC, Marrow HPC, Cord blood TC-T Cells
 CAR-T cells Other (E.G. Clinical trial name):.....Manufacturer/Product.....

Procedure: Thaw/wash remove DMSO Issue to transplant centre
 Thaw at bedside Transfer elsewhere

Total dose required..... Location required.....

Date required Time required

Products required:

NHSBT Product Identifier	Collection date	Number of bags required	Dose required

Requesting Consultant: (This request will only be accepted with a recognised Consultants or approved signature)

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

Phone..... Date.....

Transplant Centre contact:

Name.....Phone.....

NHSBT use only:

Bags confirmed as available and OK to issue? Yes No Yes- with clinical concession.

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

Controlled if copy number stated on document and issued by QA

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