HÉMA-QUÉBEC
Blood Products
Stem Cells
Human Tissues

WMDA Qualified

Hema-Quebec
Stem Cell Donor Registry
4045 Cote-Vertu, St-Laurent
QC, Canada, H4R 2W7
Tel : + 514-832-1031
Fax : + 514-832-0266
www.hema-quebec.qc.ca

COLLECTION CENTRE UNSTIMULATED LEUKAPHERESIS PRODUCT (MNC, APHERESIS) REPORT

(To be completed by collection centre to confirm collection details and product analysis)

Hema-Quebec Recipient ID#	Hema-Quebec Donor ID#:
International Recipient ID#:	Donor DOB (dd/mm/yyyy):
Collection Centre:	Donor ABO/Rh:
Date of Collection (dd/mm/yyyy):	Donor Gender: ☐ M ☐ F

PRODUCT ANALYSIS FOR DAY 1 COLLECTION: Collection Date: (dd/mm/yyyy):_____

Volume of Blood processed: _____	
WBC:_____ x 10^9/L x Total volume of product: _____mL= Total Nucleated Cells: ____ x 10^9 MNC:_____ x 10^9/L x Total volume of product: _____mL= Total Nucleated Cells: ____ x 10^9 Total CD 3+ cells collected:_____ x 10^8	
Document volume and concentration of any media, anticoagulant and antibiotics that were added to the product post collection: Record lot number and expiry date if applicable Additive: _____ ml Conc. _____ Lot No: _____ Expiry Date: _____ Additive: _____ ml Conc. _____ Lot No: _____ Expiry Date: _____ Product Storage: Time_____ Time Zone: _____ Temperature _____ (if applicable)	
Any changes in collection requirements or comments?	Any changes in peripheral samples requested? If yes please specify:

Signature: _____ Date (dd/mm/yyyy): _____

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PRODUCT ANALYSIS FOR DAY 2 COLLECTION: Collection Date: (dd/mm/yyyy):_____

Volume of Blood processed: _____

WBC:_____ x 10^9/L x Total volume of product: _____mL= Total Nucleated Cells: ____ x 10^9

MNC:_____ x 10^9/L x Total volume of product: _____mL= Total Nucleated Cells: ____ x 10^9

Total CD 3+ cells collected:_____ x 10^8

Document volume and concentration of any media, anticoagulant and antibiotics that were added to the product post collection: Record lot number and expiry date if applicable

Additive: _____ ml Conc. _____ Lot No: _____ Expiry Date: _____

Additive: _____ ml Conc. _____ Lot No: _____ Expiry Date: _____

Product Storage: Time_____ Time Zone: _____ Temperature:_____
(if applicable)

Any changes in collection requirements or comments?	Any changes in peripheral samples requested? If yes please specify:

Signature:_____ _____ Date (dd/mm/yyyy):_____

ATTESTATION TO LABELLING REQUIREMENTS

Courier: I have examined all products, samples, and documents and verify that they are accurate and complete according to the patient and donor identifiers as indicated above.

Name of Courier: _____Signature of Courier: _____Date (dd/mm/yyyy): _____

Product Received by Courier (dd/mm/yyyy)_____ Time Received: _____ Time Zone: _____

Collection Centre Representative: _____ Signature: _____

Date (dd/mm/yyyy) : _____

Courrier- original; copy to Collection Centre and to Héma-Québec at +(514)832-0266.

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COLLECTION CENTRE UNSTIMULATED LEUKAPHERESIS PRODUCT (MNC, APHERESIS) REPORT

NOTICE TO TRANSPLANT CENTRE

By accepting the accompanying product, you (the transplant centre) agree to the following:

- The cell products collected from this donor are intended solely for the purpose of immediate infusion for the above mentioned patient.
- Excess cells may be cryopreserved and stored for future therapeutic treatment for this patient. No other uses of these cells are permissible.
- Cells not used for the therapeutic treatment of the above mentioned patient must be properly discarded.
- Héma-Québec must be provided with detailed information concerning the use and/or disposal of this cellular product, whole or partial.
- Any requests deviating from these terms must be submitted in writing to Héma-Québec for approval prior to collection. Héma-Québec reserves the right to accept or refuse any of these requests. (ex. Cryopreservation of total product)

To be completed by Transplant Centre:

The above collection specifications are: ☐ accepted ☐ not accepted

Transplant Physician signature:_____

Date (dd/mm/yyyy): _____

Name of Transplant Physician (please print): _____