

HPC, APHERESIS PRESCRIPTION VERIFICATION

Hema-Quebec Patient ID:	Hema-Quebec Donor ID:
International Patient ID:	
Collection Center:	Collection Dates (dd/mm/yyyy) :
Anticipated time product will be available to courier:	First day (dd/mm/yyyy) : Second day (dd/mm/yyyy):
Start Date of G-CSF (dd/mm/yyyy):	

The average yield from processing 1L of blood is approximately 30×10^6 CD34⁺ cells.

After reviewing the requested CD34⁺ cell dose requested by the transplant center, please indicate:

Estimated apheresis volume:

Single day: _____ L of blood processed

Second day: _____ L of blood processed

Estimated CD34⁺ cell dose = Total L of blood processed _____ $\times 30 \times 10^6$ = _____ $\times 10^6$ CD34⁺ cells

HPC, Apheresis collections are generally performed using citrate to whole blood ratios of 1:12 or 1:13. Using these ratios, the ACA to plasma ratio in the final product should be 1:6 or 1:8. Cells collected in each procedure should be in a final volume of at least 200mL. Products collected with < 200mL of total volume must have donor plasma added to achieve a final volume of 200mL.

COLLECTION CONFIRMATION

An estimated cell dose of _____ $\times 10^8$ will be collected from this donor.

Requests	Reviewed and confirmed (✓)	Initials
Peripheral blood samples		
Anticoagulant		
Product samples		
Media (if applicable)		

If unable to comply with any of the above, please comment: _____

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

Name (print): _____

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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 only 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 stem cell 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 stem cell 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): _____