



Blood Products  
Stem Cells  
Human Tissues



Hema-Quebec  
Stem Cell Donor Registry  
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QC, Canada, H4R 2W7  
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## MNC, Apheresis (DLI) Prescription Verification

<b>Hema-Quebec Patient ID:</b>	<b>Hema-Quebec Donor ID:</b>
<b>International Patient ID:</b>	<b>Donor weight (kg):</b>
<b>Collection Center:</b>	<b>Collection Dates (dd/mm/yyyy) :</b>
<b>Anticipated time product will be available to courier:</b>	<b>First day (dd/mm/yyyy) :</b> <b>Second day (dd/mm/yyyy):</b>

The average yield from processing 1L of blood is approximately  $10 \times 10^8$  mononuclear cells.

After reviewing the requested CD3<sup>+</sup> 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 CD3<sup>+</sup> cell dose = Total L of blood processed \_\_\_\_\_  $\times 10 \times 10^8 =$  \_\_\_\_\_  $\times 10^8$  CD3<sup>+</sup> cells

### 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 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): \_\_\_\_\_