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

Produits sanguins
Cellules souches
Tissus humains

HÉMA-QUÉBEC

APPLICATION FOR ADDITIONAL DONATION

GRAFT

HPC, Marrow		HPC, Apheresis		TC, Apheresis (DLI)	

RECIPIENT INFORMATION (at transplant)

Recipient name:				Hema-Quebec ID:					
				International recipient ID:					
DOB		Gender		Weight (kg)		CMV		ABO	
HLA	A		B		C		DRB1		DQB1	
	A		B		C		DRB1		DQB1	

Original diagnosis: _____

Disease status at time of transplant: _____

Current disease status:

Additional comments:

DONOR INFORMATION

Donor name :				Donor ID:					
DOB/Age		Gender		Weight (kg)		CMV		ABO	
HLA	A		B		C		DRB1		DQB1	
	A		B		C		DRB1		DQB1	

DATA FROM PREVIOUS TRANSPLANT

Date of transplant (dd/mm/yyyy)		**Preparative regimen**	

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

APPLICATION FOR ADDITIONAL DONATION

Type of Graft				
Graft Manipulation:		T-Cell depletion		
		Red Cell depletion		
		CD34+ selection		
		Plasma reduction		
		Other:		
TNC dose:		$x10^8$/kg		
CD34+ dose:		$x10^6$/kg		
Cryopreserved Product (if available)		TNC Dose: $x10^8$/kg CD34+ Dose: $x10^6$/kg		
GVHD prophylaxis: (✓ all that apply)	Cyclosporine		Methotrexate	
	FK506		MMF(cellcept)	
	Other:			

POST-TRANSPLANT DETAILS

	Engrafment (>500 neutrophils)	Date:
	Partial engraftment – Neutrophils did not drop below 500	
	Non-Engraftment	

Marrow evaluation:

Date: _____ Findings: _____

RFLP evaluation of graft

Date: _____ Blood or Marrow: _____ %Donor: _____ %Recipient: _____

Chromosome

Date: _____ Blood or Marrow: _____

Findings: _____

Additional comments:

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

APPLICATION FOR ADDITIONAL DONATION

Growth Factor Therapy: if yes, describe: _____

Transplant related complications:

RECIPIENT CURRENT PHYSICAL CONDITION:

Weight: _____ Pulse: _____ Blood pressure: _____

Lungs: _____

Cardiovascular: _____

Abdomen: _____

Extremities: _____

Neurological: _____

Head & neck: _____

Current intensive medical care:

Current medication:

WBC:	Differential:
HGB/HCT:	CMV serology:
AST:	Bilirubin:
Alkaline phosphatase:	Urea nitrogen:
Creatinine:	Chest X-Ray:
Platelets:	Date: _____
Last platelet transfusion: _____ (dd/mm/yyyy)	Last red cell transfusion: _____ (dd/mm/yyyy)

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

APPLICATION FOR ADDITIONAL DONATION

PROPOSED SECOND TRANSPLANT DONATION

Proposed dates of collection: 1st: _____ 2nd: _____

No. of days prior to collection that donor clearance must be received: _____

Pre-Transplant regimen: _____ No. of days: _____

Product manipulation (specify): _____

GVHD prophylaxis: _____

Additional comments: _____

ALTERNATIVES TO ADDITIONAL DONATION

Address any available alternatives to an additional donation (back-up marrow, cryopreserved donor marrow, growth factor therapy, etc.):

Why these alternatives are considered inferior to an additional donation?

Is another suitable donor available for this patient: YES ☐ NO ☐

If yes, why is the original donor preferred?

Has the protocol for second transplantation received your center's IRB approval? YES ☐ NO ☐ N/A ☐

***** Please complete this form and attach the product prescription prior to forwarding to Hema-Quebec *****

Requesting physician:

Signature: _____ Date: _____

Print name: _____