



Produits sanguins
Cellules souches
Tissus humains



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 DONOR MEDICAL REVIEW

(Sections 1, 2, or 3 to be completed by Collection Centre, as required. Section 4 to be completed by Transplant Centre, if required)

Hema-Quebec Patient ID #	Hema-Quebec Donor ID #
International Patient ID #	
Collection Centre:	
Collection Date(s) (dd/mm/yyyy):	Collection Time:
Product: Bone Marrow <input type="checkbox"/> G-CSF Stimulated PBSC <input type="checkbox"/> Unstimulated Leukapheresis (DLI) <input type="checkbox"/>	
<p>1. <u>DONOR IS CLEARED</u></p> <p>After assessing the laboratory test results, medical-social history and physical examination, vein assessment (if applicable), and product prescription requested by the Transplant Centre, it is my opinion that:</p> <p><input type="checkbox"/> This donor is a medically fit candidate for donation at this time</p> <p><input type="checkbox"/> This donor is a medical fit candidate for donation at this time with identified findings which pose potential risk to the recipient. Refer to Section 3 – for potential recipient risk findings</p> <p>Collection Physician Name: _____ Date (dd/mm/yyyy): _____</p> <p>Collection Physician Signature: _____</p>	
<p>2. <u>DONOR IS DEFERRED</u> This donor is NOT a fit candidate for donation at this time for the following reasons:</p> <p>Supporting documentation is attached: <input type="checkbox"/></p> <p>I have counseled the donor regarding the above reasons: <input type="checkbox"/></p> <p>Collection Physician Name: _____ Date (dd/mm/yyyy): _____</p>	
<p>3. <u>FINDINGS TO BE ASSESSED BY TRANSPLANT CENTRE</u></p> <p><u>(must include at a minimum one exclusion criterion as per Canadian Standards CAN/CSA-Z900):</u></p> <p>The following findings pose a potential risk to the recipient:</p> <p>Supporting documentation is attached: <input type="checkbox"/></p> <p>I have counseled the donor in person; donor has been advised that the above findings, identified during the health screening, will be forwarded to the Transplant Centre by Hema-Quebec for review The Transplant Centre will decide whether or not to pursue this donor for collection.</p> <p>Collection Physician Name: _____ Date (dd/mm/yyyy): _____</p> <p>Collection Physician Signature: _____</p>	



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4. **TRANSPLANT CENTRE DECISION** (Transplant Centre to complete & FAX BACK to Héma-Québec)
For International Transplant Centre's:

After reviewing the above information and relevant documentation, I choose to:

- Proceed with the collection of this donor as planned
- Cancel the collection and release the donor

For Canadian Transplant Centre's:

The donor is accepted, please proceed with collection (please check one of the boxes below):

- After reviewing the results, the Transplant Centre finds that the abnormal finding poses no risk to the recipient.
- After reviewing the results, the Transplant Centre finds that the abnormal finding poses an increased but acceptable risk to the recipient.
-Transplant Center will proceed under exceptional Distribution: Yes No Not Required
-The recipient has been appropriately counselled concerning the potential impact of the abnormal findings Yes No

The donor is released.

- In reviewing the results, the Transplant Centre finds that the abnormal finding poses an unacceptable risk to the recipient and a donation from this donor is declined.

Transplant Physician Name: _____ Date (dd/mm/yyyy): _____

Transplant Physician Signature: _____