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

WORKUP REQUEST

Patient name: (Last name, first name)	Hema-Quebec Patient ID:
Patient DOB : (dd/mm/yyyy)	International Patient ID:
Transplant Center (TC):	Hema-Quebec Donor ID:
Donor Registry :	International Donor ID:

SECTION 1 – PATIENT STATUS

Diagnosis :	Gender :	Weight: kg	ABO/Rh :	CMV : ☐ Négative ☐ Positive
Disease Status :				
Transplant History : ☐ N/A ☐ Autologous ☐ Allogeneic related ☐ Allogeneic unrelated Date, if applicable: _____				
Are there any specific procedures (i.e. splenectomy) that your patient will require prior to transplant?				
Comments:				

SECTION 2 – COLLECTION REQUEST

		1st Choice	2nd Choice
Product Type (PBSC, BM or DLI)			
Product(s) included in the protocol that may later be requested:			
Reason for product preference: Information to be shared with the donor			
Preferred Collection Date	**Planned Infusion Date**		
1.		Days of conditioning regimen:	Date donor clearance is needed:
2.		_____	_____
3.			

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SECTION 3 – VERIFICATION HLA TYPING

Patient	**Donor**
☐ Results attached ☐ Results pending (will be provided prior to donor clearance)	☐ Results attached ☐ Results pending VT/Workup (will be provided prior to donor clearance)

SECTION 4 – PRE-COLLECTION SAMPLES (DONOR PERIPHERAL BLOOD max 50 mL)

Clotted (no anti-coagulant)	mL	**Sample to be shipped to : please print clearly** Name: _____ Address: _____ _____ Phone/Fax: _____
ACD-A	mL	
Sodium Heparin	mL	
EDTA	mL	
Other:	mL	
Samples delivery (days accepted): ☐ **Special storage, handling and transportation instructions, attached.**		☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

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SECTION 5 – COLLECTION PRESCRIPTIONS AND SPECIFICATIONS FOR STEM CELL

	HPC, Marrow	HPC, Apheresis	MNC, Apheresis
Requested nucleated cell per kg (uncorrected)	x10^8 TNC/kg	x10^6 $CD34^+$/kg	x10^8 $CD3^+$/kg
X Recipient weight (kg)	kg	kg	kg
= Total nucleated cells for recipient (uncorrected)	x10^8	x10^6	x10^8
+ Nucleated Cells for Quality control	x10^8	x10^6	x10^8
= Total nucleated cells requested	**x10^8 TNC**	**x10^6 $CD34^+$**	**x10^8 $CD3^+$**
If additional plasma required, specify final concentration			
Requested storage temperature:	^oC	^oC	^oC
Estimated minimum marrow volume base on the requested total nucleated cell count (The maximum volume removed should not exceed 20 ml/kg donor weight)			

Bone Marrow Required anticoagulant	Heparin: µ/ml	ACD-A: vol. ACD-A:vol.BM
	☐ According to CC collection procedure	Other, please describe:
Bone marrow manipulation prior to infusion Yes ☐ No ☐	☐ Red cell depletion ☐ Plasma reduction	Other, please describe :

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SECTION 6 – SAMPLES TO BE PROVIDED AT TIME OF COLLECTION

Peripheral Blood Samples from Donor (max 50 mL)		**Product Samples**	
Clotted (no anti-coagulant)	mL	Clotted (no anti-coagulant)	mL
ACD-A	mL	ACD-A	mL
Sodium Heparin	mL	Sodium Heparin	mL
EDTA	mL	EDTA	mL
Other, specify:	mL	Other, specify:	mL

SECTION 7 – RESEARCH

Will stem cell product or blood samples be used for research? ☐ Yes (complete below) ☐ No

Research protocol name	
TC research protocol ID	
Approved by local IRB?	☐ Yes ☐ No ☐ N/A
Please provide a copy of the research protocol and donor consent form	☐ Attached ☐ Previously provided to Hema-Quebec

I verify that the ABO type, degree of HLA match and infectious disease marker results are acceptable to proceed with stem cell collection for above patient.

Completed by: _____ Date: _____
dd/mm/yyyy

On behalf of Ordering Physician: _____
(Please print clearly)

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SECTION 8 – PRODUCT DELIVERY INFORMATION

Transplant center Name	
Contact person	
Address (#, street, city, province, postal code, country)	
Telephone No.	
Pager No.	

NOTE FOR THE COLLECTION CENTER:

- Transplant centers (TCs) are responsible to ensure proper product transportation according to applicable FACT and Canadian regulations.
- All TCs within the province of Quebec in Canada are FACT accredited and provide validated transport boxes which meet FACT, WMDA and Health Canada regulations.
- TCs may request early product release or overnight product storage according to what they consider appropriate in order to deliver the product under the proper conditions and as quickly as possible.
- Collection centers (CCs) will not be held responsible for loss of product viability if TC fails to provide proper transport conditions.

DISCLAIMER

- The cell products collected from this donor are intended solely for the purpose of immediate therapeutic treatment for the above mentioned patient. Any planned cryopreservation of the cell products prior to initial infusion to the patient may only occur with the advance written approval from the donor.
- Excess cells may be cryopreserved and stored for future therapeutic treatment of the above mentioned 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 and details must be provided to the CC.
- The donor center must be provided detailed information concerning the use and/or disposal of all portions of this cryopreserved cell product. By accepting these cells, the transplant physician also accepts these terms and conditions. Deviations from these terms are not permitted without prior written approval from the Registry.
- Any serious product event and/or adverse reactions must be reported both to the donor's registry and transplant center. Corresponding SEAR/SPEAR reports must be completed by the registry providing the product, submitted to the WMDA office and details must be provided to the CC.