Versiti | Blood Center of Michigan
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BMT Infusion Request

☐ Corewell Health ☐ HDVCH

Infusion Request

Affix Recipient Hospital Label or Complete:
Name: _____
DOB: _____
MRN: _____

Recipient ID _____ or ☐ NA
Recipient ABO/Rh _____
Recipient Wt (kg) _____

Affix Donor Hospital Label or Complete:
Name/GRID: _____
DOB: _____ or ☐ NA
MRN: _____ or ☐ NA

☐ NA- Autologous Product
Donor ABO/Rh _____
RBC Compatibility: ☐ Major ☐ Minor ☐ Compatible

☐ Unit ID Requested _____ or ☐ See attached Cryopreservation Report
Requested Date/Time of Infusion _____ Collection Date(s) _____
Component Requested: ☐ PBSC ☐ BM ☐ Cord ☐ DLI ☐ Other: _____
Requested Transport Temp: ☐ RT (15-25°C) ☐ Cool (1-10°C) ☐ Cryopreserved (≤-150°C)
Processing Requested: ☐ Bedside Thaw ☐ Lab Thaw/Wash ☐ Plasma Depletion
☐ Lab Thaw/Dilute (CBU) ☐ Buffy Coat Enrichment ☐ No manipulation
Requesting Physician Signature _____ Date: _____

Infusion Component

Component Name _____ Unit ID: _____ ____ of ____

☐ Bedside Thaw

Viable WBC* _____ x 10^8
Viable WBC/kg* _____ x 10^8
Viable CD34/kg* _____ x 10^6
Total CD3/kg* _____ x 10^7
Infusion Volume* _____ ml
RBC Volume* _____ ml
*Based on pre-cryopreservation counts

☐ Other Infusions

Viable WBC _____ x 10^8
Viable WBC/kg _____ x 10^8
Final Viable WBC Recovery _____ %
vCD34/kg _____ CD34/kg _____ x 10^6
Total CD3/kg _____ x 10^7
Infusion Volume _____ ml
RBC Volume _____ ml

Inspection & Verification

Delivered component ID matches requested component unit ID? ☐ Yes ☐ No
Container, unit integrity, and appearance all normal and acceptable? ☐ Yes ☐ No
Transplant Center Nurse _____ (signature) CTL Tech _____ (signature)

Infusion Data

Patient and Unit ID Verification
Checked By: _____
Confirmed By: _____

Infusion Supply Lot Numbers
Infusion Set _____ Exp _____
0.9% NaCl _____ Exp _____

Infusion
Started Date: _____ Time: _____
Completed Date: _____ Time: _____
Adverse Reaction? ☐ Yes ☐ No
Completed By: _____ Date: _____

Comments: _____
Transplant Center Provider Review: _____ Date: _____

NOTE: Serologic compatibility test NOT performed.

Please return completed form. Email CTL@versiti.org or fax (616) 233-8559.