Versiti | Blood Center of Michigan
1036 Fuller Ave NE | Grand Rapids MI 49503
p 616.233.8598 f 616.233.8559 w versiti.org

Statement of Donor Eligibility

Affix Recipient Hospital Label or Complete	**Affix Donor Hospital Label or Complete** ☐ **NA**
Name: _____	Name: _____
DOB: _____	DOB: _____ ☐ NA
MRN: _____	MRN: _____ ☐ NA

Cell Source: ☐ Bone Marrow ☐ Peripheral Blood Stem Cells ☐ Lymphocytes

Date of latest IDM testing performed at CLIA certified laboratory: _____
(If testing was not performed by Versiti-MI contracted laboratory, please attach copy of results.)

Date donor screening forms completed: _____

Donor's eligibility has been determined by Corewell Health Blood and Marrow Transplant Program, based on criteria specified in 21 CFR Part 1271. After review of the testing, screening and medical record, this donor is deemed to be:

☐ Eligible

☐ Incomplete for the following reason(s): (*Apply warning label 1*)

- ☐ Testing was not performed by a CLIA certified laboratory or not done using a kit FDA approved for screening of live donors.
- ☐ Testing was not performed within the required timeframe.
- ☐ Health history screening, physical assessment or medical record review not performed.

Select One:

- ☐ No additional donor screening or testing is available.
- ☐ Additional required donor screening and/or testing will follow.

☐ Ineligible for the following reason(s):

- ☐ Positive Infectious Disease Testing, other than CMV. (*Apply warning label 2*)
- ☐ Donor Screening (*Apply warning label 3*)
  - ☐ Health history or medical record indicates risk of communicable disease.
  - ☐ Physical assessment indicates risk of communicable disease.

Comments: _____

_____

Transplant Center responsible person:

_____	_____	_____
Print Name	Signature	Date

Corewell Health
Adult Blood & Marrow Transplant Program
145 Michigan St NE, Suite 5200
Grand Rapids, MI 49503

Helen DeVos Children's Hospital
Pediatric Blood & Marrow Transplant and Cellular Therapy Program
100 Michigan St NE, MC185
Grand Rapids, MI 49503