

Imported Product Request / Order

1036 Fuller Ave NE
Grand Rapids, MI 49503
Ph: 616-233-8598
Fax: 616-233-8559

Recipient Information:

Affix Hospital Label for Recipient or complete:
 Name _____
 D.O.B. _____
 Medical Record #: _____

Hospital: Spectrum Health HDVCH
 ABO/Rh _____ Wt _____ kg
 NMDP Recipient ID: _____
 Ordering Physician: _____

Allogeneic Donor Information:

Donor ID _____ Imported From: NMDP Other _____
 Local ID or Unit ID, if applicable _____ ABO/Rh _____
 Related Unrelated

Imported Component Type:

HPC, Apheresis HPC, Marrow MNC, Apheresis HPC, Cord Blood Other _____

Collection outside Michigan Blood:

Bone Marrow: Expected WBC Dose: _____ (x10⁸/kg)
 Anticipated collection date: _____ PBSC: Expected CD34 dose: _____ (x10⁶/kg)
 DLI: Expected CD3 dose: _____ (x10⁷/kg)
 Anticipated Date and Time of component/courier arrival: _____ or See Itinerary
 Expected arrival temperature: RT GEL packs-Refrigerated Cryopreserved (≤-150°C)
 See NMDP Prescription for RT and Refrigerated temperature ranges.

Processing Request / Order:

Infusion Date _____ or to be determined at later date (Frozen Products)
 Cellular Therapy Lab to process component.
 All minor mismatched components must be plasma reduced.

<p style="text-align: center;"><u>Fresh PBSC</u> (check all that apply)</p> <p><input type="checkbox"/> Process for immediate infusion <input type="checkbox"/> See BMT Infusion Request <input type="checkbox"/> Process for freezing and storage <input type="checkbox"/> Perform CD3 assay- DLI aliquots TBD based on CD34/CD3 counts – See SH BMT- Administration of DLIs SOP <input type="checkbox"/> Other _____</p>	<p style="text-align: center;"><u>Fresh Lymphocyte</u></p> <p><input type="checkbox"/> See SH BMT – Administration of DLIs SOP <input type="checkbox"/> Process to infuse fresh Aliquot 1, process and freeze remaining aliquots <input type="checkbox"/> Process and freeze all aliquots <input type="checkbox"/> Other _____</p>
<p><u>Frozen Cord Blood / PBSC / DLI / BM / CAR T product</u></p> <p><input type="checkbox"/> Hold and store for future use <input type="checkbox"/> See BMT Infusion Request CBU RBC depleted <input type="checkbox"/> Yes <input type="checkbox"/> No All RBC replete CBUs must be washed at thaw. RBC depleted CBUs may be diluted or washed at thaw.</p>	<p style="text-align: center;"><u>Fresh Bone Marrow</u></p> <p><input type="checkbox"/> See BMT Infusion Request/Bone Marrow Procedure Sheet <input type="checkbox"/> To be determined upon notification of TWBC <input type="checkbox"/> Process for freezing and storage</p>

Confirmation of space availability and proper temperature for storage:

Storage Location	Storage Temperature	Verified By	Date
	<input type="checkbox"/> 1-10°C <input type="checkbox"/> 15-25°C <input type="checkbox"/> ≤-150°C		

Ordering physician (print): _____

Physician signature: _____ Date: _____

Fax to Cellular Therapy Lab (616 233-8559) or email to GV-THERAPEUTICADMIN@miblood.org

Versiti Michigan, Inc. Medical Director Review Signature/Date: _____

Previous # 40545

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