

## BMT Infusion Request

Corewell Health  CHN  Other: \_\_\_\_\_

<b>Product Request Order</b>	Affix Recipient Hospital Label or Complete: Name: _____ DOB: _____ MRN: _____	Recipient ID: _____ or <input type="checkbox"/> NA Recipient ABO/Rh: _____ Recipient Wt (kg): _____
	Affix Donor Hospital Label or Complete: Name/GRID: _____ DOB: _____ or <input type="checkbox"/> NA MRN: _____ or <input type="checkbox"/> NA	<input type="checkbox"/> NA - Autologous Product Donor ABO/Rh: _____ ABO Compatibility: <input type="checkbox"/> Compatible <input type="checkbox"/> Major Incompatibility <input type="checkbox"/> Minor Incompatibility
Product Requested: <input type="checkbox"/> HPC, Apheresis <input type="checkbox"/> HPC, Marrow <input type="checkbox"/> HPC, Cord Blood <input type="checkbox"/> T Cells, Apheresis <input type="checkbox"/> Other: _____		
Estimated Dose: <input type="checkbox"/> CD34 _____ x 10 <sup>6</sup> /kg <input type="checkbox"/> TNC _____ x 10 <sup>8</sup> /kg <input type="checkbox"/> CD3 _____ x 10 <sup>7</sup> /kg <input type="checkbox"/> NA		
Requested Date of Infusion: _____ <div style="text-align: center;">Date</div>		
Requested Unit(s) for Infusion:		
DIN: _____ Aliquot(s): _____ DIN: _____ Aliquot(s): _____ DIN: _____ Aliquot(s): _____ DIN: _____ Aliquot(s): _____		
Processing Requested: <input type="checkbox"/> Bedside Thaw <input type="checkbox"/> Lab Thaw/Wash <input type="checkbox"/> Lab Thaw/Dilute (CBU) <input type="checkbox"/> NA – Fresh infusion, see <i>Cellular Therapy Product Processing Request</i>		
Comments: _____ _____		
Requesting Provider: _____ Date: _____ Time: _____ <div style="text-align: center;">Signature</div>		
<b>Send completed form to: Email CTL@versiti.org or Fax (616) 233-8559</b>		
<b>Inspection &amp; Verification at Delivery</b>	<input type="checkbox"/> NA – Chain of Custody documented on other forms.	
	Delivered product DIN matches requested product DIN for each unit listed above? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
	Container, unit integrity, and appearance normal and acceptable for each unit listed above? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
	Comments: _____	
Nurse: _____ Date: _____ Time: _____ <div style="text-align: center;">Signature</div>		
Tech: _____ Date: _____ Time: _____ <div style="text-align: center;">Signature</div>		

DIN = Donor Identification Number