

Post Collection Amendment of Donor Eligibility

<u>Affix Recipient Hospital Label or Complete</u>
Name: _____
DOB: _____
MRN: _____

<u>Affix Donor Hospital Label or Complete</u> <input type="checkbox"/> NA
Name/GRID: _____
DOB: _____ <input type="checkbox"/> NA
MRN: _____ <input type="checkbox"/> NA

Cell Source: Bone Marrow Peripheral Blood Stem Cells Lymphocytes

Date of Collection: _____

NOTE: In the event of a two-day collection, a separate form must be completed for each day of collection.

Previous Eligibility Determination

- Eligible: No evidence of relevant communicable disease (RCDAD) risk identified.
- Incomplete: Donor screening and/or testing was not fully performed per FDA and/or NMDP requirements.
- Ineligible: There are identified RCDAD risk(s) to the transplant recipient and donor screening/testing has been completed per FDA requirements.

Post Collection Eligibility Determination

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.
- 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
_____	_____	_____
	Versiti-MI Medical Director signature	Date