



Allogeneic Donor Eligibility Determination

Versiti Staff- Place DIN here on day of collection

Instructions: The requesting provider or designee is responsible for completing all fields of this form. The Versiti provider is responsible for approving authorization to collect an ineligible or incomplete allogeneic donor. Please scan or fax the completed form with supporting records to Versiti using state specific contact information below.

State	Address	Email	Phone	Fax
Wisconsin	638 N. 18 th St, Milwaukee, WI, 53233	WI-CellCollection@versiti.org	414-937-6154	414-933-6833
Michigan	1036 Fuller Ave NE, Grand Rapids, MI 49503	MI-CellCollection@versiti.org	616-233-8569	616-233-8671
Indiana	3450 N. Meridian St, Indianapolis, IN 46208	IN-CellCollection@versiti.org		

Donor Information	Recipient Information
-------------------	-----------------------

<p><u>Apply Hospital Label or complete:</u> Donor Name: Date of Birth: Medical Record #:</p>	<p><u>Apply Hospital Label or complete:</u> Recipient Name: Date of Birth: Medical Record #:</p>
--	--

Requesting Provider (Print Name):
Indicate the dates the following were complete: Infectious Disease Testing (at CLIA certified laboratory):
Donor History & Physical: _____ Donor Health & History Questionnaire (DHHQ): _____

Complete this section for donors who are Suitable and Eligible for donation

Donor's eligibility and suitability has been determined based on criteria specified in 21 CFR Part 1271. After review of the donor's medical record, health history, and lab results this donor is deemed to be Eligible and Suitable for donation.

Requesting Provider Signature: _____ **Date:** _____

Complete this section for donors who are Suitable for donation but Ineligible or have Incomplete Eligibility
Versiti Staff: Complete a Biohazard Warning Tie Tag - Attach to each product

Donor's eligibility and suitability has been determined based on criteria specified in 21 CFR Part 1271. After review of the donor's medical record, health history, and lab results this donor is deemed to be:

Suitable for donation: Ineligible for the following reason(s):

- Communicable Disease Risk due to:
- Reactive Test Results for:

Suitable for donation: Eligibility is Incomplete for the following reason(s):

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

Select one of the following options when a donor has incomplete eligibility:

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

Comments:

The patient has been informed there may be communicable disease risks associated with a product from this donor. No comparable donors are available. The recipient is likely to suffer death or serious morbidity without use of this product. I authorize the collection of this donor.

Requesting Provider Signature: _____ **Date:** _____

Versiti Provider Signature: _____ **Date:** _____

Blank spaces on this form indicate the item is Not Applicable.