

Imported Product Request/Order

Recipient Information:			
Affix Hospital Label or complete:	Recipient ID		
Name	ABO/Rh		
DOB	Wt kg		
MR#	Ordering Physician		
Donor Information:			
Donor ID	D NA (Autologous) ABO/Rh		
Imported From: NMDP Other	Local ID or Unit ID, if applicable		
□ Unrelated, Matched □ Unrelated, Mism	atched 🛛 Related, Matched 🖓 Related, Haplo		
Imported Component Type:			
□ HPC, Apheresis □ HPC, Marrow □ MI	NC, Apheresis D HPC, Cord Blood D Other		
Collection outside Versiti Michigan, Inc:			
Anticipated collection date: Bone Marrow: Expected TNC Dose x1			
□ PBSC: Expected CD34 dose x10 ⁶ /kg			
□ DLI: Expected CD3 dose x10 ⁷ /kg			
Anticipated product arrival date/time: \Box See itinerary			
Expected arrival temperature: RT (15-25°	°C) □ Cooled (1-10°C) □ Cryopreserved (≤-150°C)		
Processing Request / Order:			
Anticipated processing date:	□ NA (frozen products)		
Fresh PBSC (check all that apply)	Bone Marrow		
Process for immediate infusion	No manipulation		
See BMT Infusion Request	Buffy coat enrichment		
Process for freezing and storage	To be determined upon notification of TNC		
Perform CD3 assay and store DLI alic			
based on CD34/CD3 counts; See SH Administration of DLIs SOP	BMT- Comments		
□ Other			
Frozen Products	Fresh Lymphocyte		
\Box Hold and store for future use	See SH BMT – Administration of DLIs SOP		
□ See BMT Infusion Request	Process to infuse fresh Aliquot 1, freeze		
CBU RBC depleted	remaining aliquots		
	Process and freeze all aliquots		
	□ Other		

Ordering Physician Signature:

__ Date: _____ Fax to Cellular Therapy Lab (616 233-8559) or email to CTL@versiti.org

Confirmation of space availability and proper temperature for storage:

Storage Location	Storage Temperature	Verified By	Date
	□ 1-10°C □ 15-25°C □ ≤-150°C		

Cellular Therapy Lab Medical Director Signature:

____ Date: ___