

## Imported Product Request/Order

**Recipient Information:**

<b><u>Affix Hospital Label or complete:</u></b>
Name _____
DOB _____
MR# _____

**Hospital:**  Spectrum Health  HDVCH  
 ABO/Rh \_\_\_\_\_ Wt \_\_\_\_\_ kg  
 Recipient ID \_\_\_\_\_  
 Ordering Physician \_\_\_\_\_

**Donor Information:**

Donor ID \_\_\_\_\_  NA (Autologous) ABO/Rh \_\_\_\_\_  
 Imported From:  NMDP  Other \_\_\_\_\_ Local ID or Unit ID, if applicable \_\_\_\_\_  
 Unrelated, Matched  Unrelated, Mismatched  Related, Matched  Related, Haplo

**Imported Component Type:**

HPC, Apheresis  HPC, Marrow  MNC, Apheresis  HPC, Cord Blood  Other \_\_\_\_\_

**Collection outside Versiti Michigan, Inc:**

Anticipated collection date: \_\_\_\_\_  Bone Marrow: Expected TNC Dose \_\_\_\_\_ x10<sup>8</sup>/kg  
 PBSC: Expected CD34 dose \_\_\_\_\_ x10<sup>6</sup>/kg  
 DLI: Expected CD3 dose \_\_\_\_\_ x10<sup>7</sup>/kg  
 Anticipated product arrival date/time: \_\_\_\_\_  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)

<p style="text-align: center;"><b><u>Fresh PBSC</u></b> (check all that apply)</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 and store DLI aliquots based on CD34/CD3 counts - See SH BMT-Administration of DLIs SOP <input type="checkbox"/> Other _____	<p style="text-align: center;"><b><u>Bone Marrow</u></b></p> <input type="checkbox"/> No manipulation <input type="checkbox"/> Buffy coat preparation <input type="checkbox"/> To be determined upon notification of TNC <input type="checkbox"/> Cryopreservation Comments _____
<p style="text-align: center;"><b><u>Frozen Products</u></b></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	<p style="text-align: center;"><b><u>Fresh Lymphocyte</u></b></p> <input type="checkbox"/> See SH BMT – Administration of DLIs SOP <input type="checkbox"/> Process to infuse fresh Aliquot 1, freeze remaining aliquots <input type="checkbox"/> Process and freeze all aliquots <input type="checkbox"/> Other _____

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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fax to Cellular Therapy Lab (616 233-8559) or email to MIB\_GV\_THERAPEUTICADMIN@miblood.org

Cellular Therapy Lab Medical Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_