



Michigan Blood
MI blood saves lives.™

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Statement of Urgent Medical Need HPC Product with Incomplete or Positive Culture Results

Affix Hospital Label for Recipient or complete:

Recipient Name: _____
DOB: _____
Medical Record #: _____

Unit ID: _____

Product testing from this donation indicates that the product may be at increased risk for transmission of a communicable disease agent to the recipient.

The product cultures are incomplete. Culture results are negative at this time. At time of infusion, cultures will have been held for _____ of 14 days.

The product has cultured positive for _____.

The FDA requires documentation that the transplant center physician has been notified of the results of the donor/product screening and testing.

Urgent medical need, as defined by the FDA, means that no comparable donor/product is available and the recipient is likely to suffer death or serious morbidity without use of this product.

Based on the above documentation, I choose to:

Accept this product

Decline this product

Transplant physician name (Print)

Transplant physician signature

Date

My physician has explained to me, in terms that I have understood, the risks and benefits to me if I proceed to receive this product that has an incomplete a positive culture result.

I understand that if I choose to accept these stem cells, I will be monitored for signs and symptoms of infection and treated with antibiotics as appropriate. Depending on my condition, my physician may choose to give me antibiotics or other treatment before I show any signs or symptoms to reduce or remove the possibility of acquiring infection. I agree to accept the product.

Recipient or legal guardian signature

Date

Relationship, if legal guardian

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Medical director signature/date