APHERESIS PROCEDURE REQUEST (CLIN-F-017A)
(Cellular and Immunotherapy Centre)

SANBS
Registration No. 2000/026390/08

DONOR DETAILS							
Title		**Surname**		**Name**			
Gender	☐M ☐F	**ID/DOB**		**Weight**	**kg**	**Height**	**cm**
Blood Group		**Contact number**		**Email Address**			

RECIPIENT DETAILS							
☐ **AUTOLOGOUS** ☐ **MRD** ☐ **MUD** ☐ **HAPLO**							
Title		**Surname**		**Name**			
Gender	☐M ☐F	**ID/DOB**		**Ideal Weight (If Applicable)**	**kg**	**Weight**	**kg**
Blood Group		**Diagnosis**		**Email Address**			
Med Aid		**Contact number**		**Physician**			

PROCEDURE REQUEST						
☐ Granulocyte Collection	☐ MNC Collection	☐ DLI (Lymphocyte Collection)	☐ Cellular depletion	☐ Bone Marrow Processing	☐ Red Cell Exchange	☐ Plasma Exchange
☐ Haematopoietic Stem Cells Collection				Min CD34 [ ] x 10^6 cells/kg	End CD34 [ ] x 10^6 cells/kg	
☐ Single SCT	☐ Double SCT					

Mobilisation Type		**Start Date**		**End Date**	

Collection Date		**Transplant Date**	

Transplant Physician Name:_____

Signature:_____ **Date:**_____

Medical Aid	Medical Aid #	Authorisation #	Date Approved