MRI Number

REQUEST FOR LYMPHOCYTE COLLECTION

Registration No. 2000/026390/08

Please print legibly as this is a medico-legal document.

I hereby request the South African National Blood Service (SANBS) to perform a donor lymphocyte collection ☐ or a series ☐ of collections (please select).

Details of the donor

Name of the donor						
Identity No.		DOB		Gender	M	F
Hospital			Hospital No.			
Medical Aid			Med Aid No.			
Height		Weight		ABO and Rh		
Diagnosis		**ICD 10**		Allergies		

Other medical or surgical diagnosis	
1	3
2	4

Medication	**Dose**	**Route**	**Frequency**
1			
2			
3			
4			

Product Information

Date of collection					
Number of collections		1	2	3	4
Instruction for handling of collection					
Daily blood results required	FBC:	Hb	HCT	Platelets	WCC and Diff

Target yield for collection		**Minimum product volume required**	

HIV	*	HBV	*	HCV	*	TPHA	*	Other	

**Enter N = Negative, P = Positive*

Name of the Donor:		**Date of Birth / ID Number**	

Details of Recipient

Recipient full names and surname							
Date of Birth		Identity No			Gender	M	F
Hospital			Hospital No				
Medical Aid			Medical Aid No.				
Weight		Height		ABO and Rh			
Diagnosis			Allergies				
Attending Doctor			Contact No.				

Please Note:

1. It is recommended that ACE inhibitors be discontinued for 48-72 hours prior to apheresis procedures. For patients with impaired liver and renal functions additional time is recommended.
2. Please notify the relevant apheresis site if the procedure is cancelled or patient's condition changes.
3. Please note completion of the necessary documentation is a **medico legal requirement** and any delays in the completion of the paperwork will result in delays in the procedures. Please use the checklist below.

CHECKLIST		
Donor details	Weight (daily for duration of procedures).	
Documents	Completion of consent form.	
	Completion of request form.	
Donor location	Patient must be in bed at designated time of procedure.	
	For dialysis patients: please inform practitioner as to what time dialysis procedure will be performed.	
Ward / cubicle	Working light source.	
	Working water supply.	
	Working electricity supply.	
	Working oxygen supply.	
	Working suction supply.	
Venous access	Before the collection, venous access must be established. ***This will be done in conjunction with the SANBS personnel.***	
Blood products	Requested from blood bank as urgent.	
	SANBS personnel must be notified in advance of any incompatibility between donor and recipient.	
Blood results: *Daily*	Pre procedure	Full blood count and Diff (TNC), Calcium, Potassium, Magnesium, Urea and Creatinine.
	Pre procedure	Pre CD3

Name of the Donor:		Date of Birth / ID Number	

STANDING ORDERS FOR EMERGENCY TREATMENT OF ADVERSE EFFECTS DURING APHERESIS PROCEDURES

Standing orders for the treatment or prevention of adverse effects during apheresis therapy are reviewed by the SANBS Lead Consultant. The Apheresis Staff and/or the SANBS Lead Consultant and the attending doctor must be notified, as soon as possible, of any adverse reaction that occurs during or after the procedure.

1. **Allergic reactions**
   a) Onset of Allergic reactions during apheresis:
      i) Pause the procedure, open saline line, monitor vital signs, connect patient to a pulse oximeter (if available). Administer oxygen at 5 to 10L/min. Call attending physician. Administer 12.5mg to 25mg Promethazine hydrochloride (e.g. Phenergan) and hydrocortisone 100mg (e.g. Solu-Cortef) or equivalent dose of other available intravenous steroid if indicated.
      ii) Notify Apheresis Lead Consultant.
2. **Citrate toxicity (hypocalcaemia)**
   a) If a donor presents with mild hypocalcaemia, administer 1gram of oral Calcium Gluconate (e.g. Calcium Sandoz). Dose can be repeated prn.
   b) If a donor develops moderate to severe hypocalcaemia, administer 1 ampoule of Calcium Gluconate 10% in a 50ml Sodium Chloride 0,9% (saline) solution over 10 minutes. Alternatively, administer by slow intravenous (IV) push over 3 minutes.
   c) Intravenous calcium must be administered through a different IV line to the line used for the apheresis procedure. If no alternative line is available, the procedure must be paused; flush the line with saline and then administer Calcium Gluconate 10%. On completion, flush the line with saline solution, before continuing with the procedure.
3. **Signs of clumping or clotting in the line or collection bag / overnight storage**
   a) When there is evidence of clumping or clotting in the lymphocyte bag, or if the collection is to be stored overnight before infusion or processing, add ACD- A anticoagulant (citrate anticoagulant) to the collection bag according to attending physician's request.

Agreement by Attending Physician

I have medically examined the donor and undertaken the relevant laboratory investigations and I consider the patient will tolerate the procedure without any significant untoward reaction.

I give permission for the lines connected from the apheresis cell separator, to the arterial line tip and the venous line tip, to be reversed by the apheresis sister, if necessary, to obtain adequate flow rates during the apheresis procedure.

I understand that the technical procedure is being undertaken by the staff of SANBS. I have made arrangements for emergency medical care should it be necessary. I authorise the administration of medication routinely used during this type of procedure. I understand that I as the attending physician primarily remain responsible for the medical management of the donor and must be available for consultation during the donor lymphocyte collection, or in the event of any untoward reaction.

_____ _____

Name of responsible Physician *Signature*

_____ _____

Date *Contact number*