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**		**Height**	cm	**Weight**	kg
Blood Group		**Contact number**			**Email Address**		

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

PROCEDURE REQUEST								
☐ Haematopoietic Stem Cells Collection		☐ Granulocyte Collection	☐ MNC Collection	☐ DLI (Lymphocyte Collection)	☐ BMP	☐ Cellular depletion	☐ Exchange	
☐ Single SCT	☐ Double SCT						☐ Red Cell	☐ Plasma
HSC Target dose	End CD34 x 10^6cells/kg			Min CD34 x 10^6cells/kg				

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

Procedure Date		**Transplant Date**	

Transplant Physician: _____ **Signature:** _____ **Date:** _____

Additional motivation:

Authorisation Details		Authorisation No	Date Approved