

| PATIENT DATA                                  |   |
|---|---|
| Patient first name:                           | Patient last name:                          |
| Patient registry:                             |   |
| Date of birth: (YYYY-MM-DD)                   |   |
| Patient ID:<br>(assigned by patient registry) | Patient ID:<br>(assigned by donor registry) |

| DONOR DATA      |      |
|-----------------|------|
| Donor registry: | ION: |
| Donor ID:       |      |
| GRID:           |      |

| SECTION A: TO BE COMPLETED BY THE APHERESIS/COLLECTION CENTRE  |                    |                                    |
|--|--------------------|------------------------------------|
| The above donor is being evaluated to donate. During the workup medical evaluation, the donor was found to have the following: |                    |                                    |
| <input type="checkbox"/> Additional relevant documentation is attached:  |                    |                                    |
| Name of collection/ apheresis centre:  |                    |                                    |
| Responsible physician's name in print:   | Date: (YYYY-MM-DD) | Responsible physician's signature: |

| SECTION B: TRANSPLANT CENTRE ACCEPTANCE   |                    |                                   |
|---|--------------------|-----------------------------------|
| Due to the above outlined abnormal donor finding, urgent medical need must be documented in order to proceed. Urgent medical need indicates that the potential risk of disease transmission from the donor is outweighed by the benefits associated with a transplant of a product from this donor. There is no comparable product and the patient is at increased risk of morbidity/mortality if the product is not collected and released for the transplantation. After considering this information, the transplant physician must decide how to proceed: |                    |                                   |
| <b>After reading the above information/reviewing the relevant documentation, I elect to</b>   |                    |                                   |
| <input type="radio"/> receive a product from the donor.   |                    |                                   |
| <input type="radio"/> decline receiving a product from the donor. Please cancel this work-up  |                    |                                   |
| Name of transplant centre:  |                    |                                   |
| Transplant physician's name in print:   | Date: (YYYY-MM-DD) | Transplant physician's signature: |