

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

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

SECTION A: TO BE COMPLETED BY THE APHERESIS/COLLECTION CENTRE		
Based on the results of the donor history, examination and/or testing the donor is medically not able to proceed with donation as scheduled:		
<input type="checkbox"/> The work-up must be CANCELLED. Comment:		
<input type="checkbox"/> Additional relevant documentation is attached:		
<input type="checkbox"/> The work-up must be POSTPONED. <input type="checkbox"/> Additional testing must be performed, results and final decision about donor suitability expected on: (YYYY-MM-DD) Comment:		
<input type="checkbox"/> Additional relevant documentation is attached:		
<input type="checkbox"/> The donor is temporary unavailable, until: (YYYY-MM-DD) Comment:		
<input type="checkbox"/> Additional relevant documentation is attached.		
	Date: (YYYY-MM-DD)	Responsible physician's signature:
Name of collection/ apheresis centre:		

SECTION B: TRANSPLANT CENTRE ACCEPTANCE		
<input type="checkbox"/> I confirm the receipt of the information above and...		
<input type="radio"/> acknowledge cancellation of the work-up <input type="radio"/> agree to keep this work-up on hold until further notice		
Comment:		
Transplant centre representative:	Date: (YYYY-MM-DD)	Signature: