

F80

NOTIFICATION OF DONOR CLEARANCE

Page 1 of 4

| | | |
|---|--------------------------------------|--------------------------------------|
| <input type="radio"/> HPC, Marrow | <input type="radio"/> HPC, Apheresis | <input type="radio"/> MNC, Apheresis |
| If final clearance for donation is NOT granted, please complete form C30 instead. | | |

SECTION A: TO BE COMPLETED BY THE APHERESIS/COLLECTION CENTRE

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

| | | | | |
|---|---------------------------------------|-------------------|---------------------------------|------------------|
| DONOR DATA | | | | |
| Donor registry: | | | | ION: |
| Donor ID: | | | | |
| GRID: | | | | |
| Date of birth: <small>(YYYY-MM-DD)</small> | Gender: | Weight:(kg) | CMV: | Blood group/RhD: |
| Transfusions: | The total number of transfused units: | | Year of last transfusion (YYYY) | |
| Pregnacies: | Number(s): | | | |
| Red cell Irregular Antibodies: | | Type of Irr. ABs: | | |

| | |
|--|--|
| COLLECTION SCHEDULE INFORMATION | |
| Donor informed consent signed on: (YYYY-MM-DD) | Donor clearance to be confirmed on: (YYYY-MM-DD) |
| First date of donor G-CSF injections: (YYYY-MM-DD) | Confirmed first collection date: (YYYY-MM-DD) |

| TEST DATA (1/2) | | | | |
|--|-----------------------|-----------------------|-----------------------|--|
| Donor Infectious Disease Test Results | Positive | Negative | Not tested | Date of blood collection: <small>(YYYY-MM-DD)</small> |
| Hepatitis B Virus (HBV) | | | | |
| HBsAg (surface antigen screening test) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Anti-HBc (antibody screening test) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Anti-HBs (antibody screening test) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| HBV-NAT (Nucleic Acid Amplification Technique) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Hepatitis C Virus (HCV) | | | | |
| Anti-HCV (antibody screening test) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| HCV-NAT (Nucleic Acid Amplification Technique) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Human T-Lymphotropic Viruses (HTLV) | | | | |
| Anti-HTLV I / II (antibody screening test) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |

F80

NOTIFICATION OF DONOR CLEARANCE

| | | |
|-----------------------------------|--------------------------------------|--------------------------------------|
| <input type="radio"/> HPC, Marrow | <input type="radio"/> HPC, Apheresis | <input type="radio"/> MNC, Apheresis |
|-----------------------------------|--------------------------------------|--------------------------------------|

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

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

| | | | | |
|---|-----------------------|-----------------------|-----------------------|--|
| TEST DATA (2/2) | | | | |
| Donor Infectious Disease Test Results | Positive | Negative | Not tested | Date of blood collection: <small>(YYYY-MM-DD)</small> |
| Human Immunodeficiency Virus (HIV) | | | | |
| HIV-1 p24 (antigen screening test) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| HIV-NAT (Nucleic Acid Amplification Technique) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Anti-HIV 1/2 (antibody screening test) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Syphilis | | | | |
| STS (serologic test) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Cytomegalovirus (CMV) | | | | |
| CMV antibodies | IgG | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | IgM | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | total | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| CMV-PCR (Polymerase Chain Reaction) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Epstein Barr Virus (EBV) | | | | |
| EBV antibodies | IgG | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | IgM | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | total | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| EBV-PCR | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Other | | | | |
| WNV-NAT (West Nile Virus) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Toxoplasmosis antibodies | IgG | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | IgM | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | total | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Normal | Elevated | Not tested | |
| ALT (Alanine Aminotransferase) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Verification test(s) if performed: | | | | |
| Other tests <small>(please specify):</small> | | | | |

F80

NOTIFICATION OF DONOR CLEARANCE

Page 3 of 4

| | | |
|-----------------------------------|--------------------------------------|--------------------------------------|
| <input type="radio"/> HPC, Marrow | <input type="radio"/> HPC, Apheresis | <input type="radio"/> MNC, Apheresis |
|-----------------------------------|--------------------------------------|--------------------------------------|

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

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

| DONOR CLEARANCE INFORMATION | | |
|---|--------------------|------------------------------------|
| <p>Based on the results of the donor history, examination and tests by the donor physician concludes that the donor is a fit candidate for donation.</p> <p>Please note the following:</p> <p><input type="radio"/> There is no additional donor information that requires consent from the transplant centre.</p> <p><input type="radio"/> There is additional donor information that requires consent from the transplant centre before final clearance. Please find the information below:</p> | | |
| Name of collection/apheresis centre: | | |
| Donor/collection centre representative: | Date: (YYYY-MM-DD) | Donor/collection centre signature: |
| Reviewer checking this form: | Date: (YYYY-MM-DD) | Reviewer signature: |

F80

NOTIFICATION OF DONOR CLEARANCE

Page 4 of 4

| | | |
|-----------------------------------|--------------------------------------|--------------------------------------|
| <input type="radio"/> HPC, Marrow | <input type="radio"/> HPC, Apheresis | <input type="radio"/> MNC, Apheresis |
|-----------------------------------|--------------------------------------|--------------------------------------|

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

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

SECTION B: TO BE COMPLETED BY THE TRANSPLANT CENTER

| TRANSPLANT CENTRE ACCEPTANCE OF DONOR FINAL CLEARANCE | | |
|---|--------------------|------------------------------|
| Transplant centre conclusion about the above provided donor clearance information | | |
| I have received and reviewed the pre-collection physical examination test results of this donor, and the additional donor information (if applicable): | | |
| <input type="radio"/> I accept this donor for stem cell donation, and agree to final donor clearance. I don't require further testing or information at this time. Patient consent for transplantation has been verified. | | |
| <input type="radio"/> I need additional information or testing. <i>Please provide comments below in 'Comments' field.</i> | | |
| <input type="radio"/> I don't accept this donor for stem cell donation. | | |
| First day of patient conditioning regimen: (YYYY-MM-DD) First collection date: (YYYY-MM-DD) Date of transplant: (YYYY-MM-DD) | | |
| Comments: | | |
| Transplant centre contact person(s): | | |
| Telephone number: | | |
| 24-hour telephone number: | | |
| Transplant centre representative: | Date: (YYYY-MM-DD) | Transplant centre signature: |