BLUTSPENDE SRK SCHWEIZ
TRANSFUSION CRS SUISSE
TRASFUSIONE CRS SVIZZERA
SWISS BLOOD STEM CELLS

Blutspende SRK Schweiz AG
Tel. +41 (0)31 380 81 81
followup@blutspende.ch
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Donor Collection Data

DONOR DATA

for **related** donors here:	for **unrelated** donors here:
Related-ID:	GRID:

DONOR CONSENT

Donor agrees that her/his encoded data will be transmitted to the database of the EBMT (European Group for Blood and Marrow Transplantation).

She/he has signed the informed consent: ☐ yes ☐ no Date:

DONOR DATA

Donor date of birth: Sex: ☐ male ☐ female

Initials *(first name, last name)*: Language: please select

☐ **unrelated** donor

☐ **related** donor → relationship to recipient:

- ☐ Syngeneic (identical twin)
- ☐ Sibling
- ☐ Haplo, if yes specify: please select
- ☐ Other family member, specify:

RECIPIENT DATA

UPN (only for **related** patient):

Patient ID (only for **unrelated** patient):

Initials *(first name, last name)*:

Recipient date of birth: Country of transplant:

REPORT DATA

Date of this report: Collection Center:

PRODUCT

☐ Bone Marrow (BM) ☐ Mesenchymal Stem Cells (MSC)

☐ Peripheral Blood Stem Cells (PBSC) ☐ Unstimulated leucapheresis for DLI

☐ Unstimulated leucapheresis for virus-specific T-cells ☐ Whole blood donation for DLI

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related: Related-ID: UPN:	**unrelated:** GRID: Patient ID:

DONOR EVALUATION BEFORE DONATION

Date of evaluation: _____

Is a coexisting disease or organ impairment present at the time of evaluation/donation?

☐ yes ☐ no if yes, please specify:

☐ Cardiovascular	ICD 10 Code:
☐ Pulmonary	ICD 10 Code:
☐ Gastrointestinal	ICD 10 Code:
☐ Genito-urinary	ICD 10 Code:
☐ Neurological	ICD 10 Code:
☐ Immune/autoimmune	ICD 10 Code:
☐ Infectious	ICD 10 Code:
☐ Haematological	ICD 10 Code:
☐ Oncological	ICD 10 Code:
☐ Psychological	ICD 10 Code:
☐ Other, please specify:	ICD 10 Code:

DONATION PROCEDURE

Even if the preparative actions (i.e. start of injections, apheresis or anesthesia) are stopped prematurely (due to donor or recipient reasons) the activity fulfills the definition of a donation procedure and the donor should be registered and followed.

PBSC: Date of 1st injection (mobilisation):

BM: Start of anaesthesia:

Unstimulated leucapheresis (e.g. DLI): Start of apheresis:

Chronological number of this donation procedure:

If >1: for same recipient ☐ yes ☐ no

Center of previous donation: Date of previous donation:

DONATION DATA (1/2)

Date of first day of this collection:

Was the product collection completed? ☐ yes ☐ no

If no, please specify:

Were hematopoietic growth factors used (e.g. G-CSF)? ☐ yes ☐ no

If yes, please specify brand name: ☐ Neupogen ☐ Granocyte ☐ Neulasta

☐ Filgrastim Teva ☐ Zarzio ☐ other:

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DONATION DATA (2/2)

Total dose per injection: µg/kg (please convert I.E. to µg)

Number of doses per day: Total number of doses:

Were cell binding inhibitors (e.g. Plerixafor) used? ☐ yes ☐ no

Was erythropoietin used? ☐ yes ☐ no

Were other drugs used for mobilisation? ☐ yes ☐ no if yes, please specify:

Donor weight: kg

APHERESIS COLLECTION

Number of apheresis performed: _____

Collection technique: ☐ by peripheral veins ☐ by central venous catheter

BONE MARROW COLLECTION

Anaesthesia: ☐ general ☐ epidural/spinal ☐ local anesthesia

Autologous blood donation prior to collection? ☐ yes ☐ no

Was autologous blood re-transfused? ☐ yes ☐ no

COMPLICATIONS

Report every Serious Adverse Reaction or Serious Adverse Event (SARE) occurring within the interval between start and end of the donation procedure with ICD coding.

Serious Adverse Reaction or Serious Adverse Event (SARE):

☐ yes ☐ no if yes, please specify:

- ICD 10 Code: Date:
- ICD 10 Code: Date:

Comments:

Report any Adverse Event or Adverse Reaction occurring within the interval between start and end of the donation procedure, which is noteworthy and serves as important information for FollowUp SBSC.

Adverse Reaction or Adverse Event:

- In treatment: ☐ Treatment completed: ☐
- In treatment: ☐ Treatment completed: ☐

Comments:

DONOR CARE

☐ as out-patient ☐ as in-patient

Form completed by (first/last name): Date: