



University Medical Centre Groningen Department of Hematology
Transfer form MUD HPC/ DLI

Patiënt: sticker

Donor: sticker

ED number Date of birth: UMCGnr.:	
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Productnumber

Proper name of product

Product modifiers and manipulations

Approximate volume: ml

Dendritische cel Totaal CD 3+ 10⁸/kg

HPC –A HPC –M DLI

University Medical Centre Groningen

Date :

ABO/Rh patient :

ABO/Rh donor :

ED Number

ED number

Weight of the patient

ZKRD

Documents

Productinformation form complete Yes No not applicable
 Prescription for marrow collection complete Yes No not applicable
 Delivery protocol of stemcell preparations for transplantation Yes No not applicable
 Transport of stemcell product audit complete Yes No not applicable

The label includes the following elements

Donor identifier and (if applicable) name Yes No not applicable
 ABO Rh of the donor Yes No not applicable
 Recipient identifier and name Yes No not applicable
 Approximate volume Yes No not applicable
 Name and volume or concentration of anticoagulant and other additives Yes No not applicable
 Time and date of collection Yes No not applicable
 Address collection centre Yes No not applicable
 Address transplant centre Yes No not applicable
 Recommended storage temperature Yes No not applicable
 Biohazard and/or Warning Labels (as applicable). Yes No not applicable

Transfer HPC/DLI product from collection centre to courier

Name: Name:

Job description: Job description

Signature Signature:

Transfer HPC /DLI: date: time: hours

