

## Declaration of Urgent Medical Need

<p><b><u>Affix Recipient Hospital Label or Complete</u></b></p> <p>Name: _____</p> <p>DOB: _____</p> <p>MRN: _____</p>	<div style="border: 1px solid black; width: 150px; height: 40px; margin: 0 auto; text-align: center; line-height: 40px;">         Apply DIN(s) here       </div>	
<b>REASON FOR URGENT MEDICAL NEED</b>		
<p>Select all that apply. See accompanying information.</p> <p><input type="checkbox"/> <b>Ineligible for the following reason(s):</b></p> <p style="margin-left: 20px;"><input type="checkbox"/> Communicable Disease Risk based on donor screening (medical history, physical assessment). List reason(s): _____</p> <p style="margin-left: 20px;">_____</p> <p style="margin-left: 20px;">_____</p> <p style="margin-left: 20px;"><input type="checkbox"/> Reactive Test Results. List reactive test result(s): _____</p> <p style="margin-left: 20px;">_____</p> <p><input type="checkbox"/> <b>Eligibility is Incomplete for the following reason(s):</b></p> <p style="margin-left: 20px;"><input type="checkbox"/> Testing was not performed within the required timeframe</p> <p style="margin-left: 20px;"><input type="checkbox"/> Donor health history screening or medical record review incomplete</p> <p style="margin-left: 20px;"><input type="checkbox"/> Testing not performed by a CLIA certified laboratory</p> <p style="margin-left: 20px;"><input type="checkbox"/> Testing not performed using an FDA approved kit for screening of live donors</p> <p><input type="checkbox"/> <b>Nonconforming Cellular Therapy Product</b></p> <p style="margin-left: 20px;">Description of Nonconformance: _____</p> <p style="margin-left: 20px;">_____</p> <p style="margin-left: 20px;">_____</p>		
<b>URGENT MEDICAL NEED APPROVAL</b>		
<p>Urgent medical need indicates that no comparable product is available. The recipient is likely to suffer death or serious morbidity without use of this product.</p> <p>Based on the above documentation, I choose to:</p> <p style="text-align: center;"> <input type="checkbox"/> Accept this product      <input type="checkbox"/> Decline this product       </p>		
_____ Requesting Provider Name	_____ Requesting Provider Signature	_____ Date
	_____ Versiti Provider Signature	_____ Date