Versiti | Blood Center of Michigan
1036 Fuller Ave NE | Grand Rapids MI 49503
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Cellular Therapy Product Processing Request

Recipient Information:

Affix Hospital Label or complete:
Name _____
DOB _____
MRN _____

☐ Corewell Health ☐ CHN ☐ Other _____
Wt _____ kg ABO/Rh _____ Diagnosis _____
Recipient ID _____ ☐ NA
Ordering Physician _____

Donor Information: ☐ NA (Autologous)
Name/GRID _____ MRN _____ ☐ NA ABO/Rh _____
☐ Unrelated, Matched ☐ Unrelated, Mismatched ☐ Related, Matched ☐ Related, Haplo

Product Information:
☐ HPC, Apheresis ☐ HPC, Marrow ☐ MNC, Apheresis ☐ HPC, Cord Blood ☐ Other _____
Imported from: ☐ NA (Versiti) ☐ NMDP ☐ Other _____ DIN/Local ID _____ ☐ NA
Anticipated collection date: _____
☐ HPC, Apheresis: Expected CD34 dose _____ $x10^6$/kg
☐ DLI: Expected CD3 dose _____ $x10^7$/kg
☐ HPC, Marrow: Expected TNC Dose _____ $x10^8$/kg

Processing Request: (check all that apply)

HPC, Apheresis
Autologous
☐ Process for cryopreservation and storage
Allogeneic
☐ Process for immediate infusion
- ☐ Plasma Depletion
- ☐ No manipulation
- ☐ Perform CD3 testing for DLI storage

☐ Process for cryopreservation and storage
- ☐ Plasma Depletion
- ☐ Perform CD3 testing for DLI storage

Frozen Products
☐ Hold and store for future use
CBU RBC depleted ☐ Yes ☐ No

HPC, Marrow
☐ No manipulation
☐ Buffy coat enrichment
☐ Process for cryopreservation and storage

MNC, Apheresis (DLI)
☐ See clinical program SOP for dose aliquots
- ☐ Process to infuse fresh aliquot and freeze remaining aliquots
- ☐ Process for cryopreservation and storage

☐ Other _____

Comments:
_____
_____

Ordering Physician Signature: _____ Date: _____ Time: _____
Fax to Cellular Therapy Lab (616 233-8559) or email to CTL@versiti.org

CTL Use Only:
Confirmation of space availability and proper temperature for storage:

Storage Location	Storage Temperature	Verified By	Date
	☐ 1-10°C ☐ 15-25°C ☐ ≤-150°C		