

Cellular Therapy Product Processing Requisition: FPD.CTP.10000A

I. Donation/Donor Information

Donor Name		Donor ID:		Donation Type: <input type="checkbox"/> Autologous <input type="checkbox"/> Allogeneic
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Blood Type:	Ordering Physician:	Projected Collection/Processing Date:

II. Recipient Information *Only to be completed for allogeneic donations.* ☐ Not Applicable

Recipient Name:	Recipient ID:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Blood Type:	Weight: kg
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III. Target Endpoint *Select product type and enter target endpoint.*

	Product Type	Collection Target Endpoint	Units
<input type="checkbox"/>	HPC, Apheresis		x 10 ⁶ CD34/kg
<input type="checkbox"/>	MNC, Apheresis		x 10 ⁷ cells
<input type="checkbox"/>	T Cells, Apheresis		x 10 ⁸ CD3/kg
<input type="checkbox"/>	CAR-T	NA	NA

IV. Processing Request

Select all services for the cellular therapy product identified. Contact the CTP lab if there is a desired cell dose storage preference for cryopreserved cells.

	Processing Procedure	Description
<input type="checkbox"/>	Evaluation and Qualification	Transportation, visual inspection, complete blood count, CD34+ and/or CD3+ count, cellular viability, and microbial cultures* for allogeneic, autologous, and NMDP collections. *Microbial cultures will not be performed on NMDP products unless requested by the TC.
<input type="checkbox"/>	Plasma and/or Red Cell Reduction	Plasma reduction by centrifugation, plasma replacement with HSA, and post reduction complete blood count for minor incompatible allogeneic products, if necessary. Red cell reduction by HES sedimentation, post reduction complete blood count, CD34+ and/or CD3+ count, cellular viability, and microbial cultures for major incompatible allogeneic products in which the RBC volume is >20mls, if necessary. Plasma reduction and red cell reduction may be performed on bidirectional incompatible allogeneic products, if necessary.
<input type="checkbox"/>	Cryopreservation	Processing, post processing microbial cultures, post processing complete blood count, CD34+ and/or CD3+ count, cellular viability, controlled-rate freezing, long term storage, and inventory.
<input type="checkbox"/>	Divided Product for Fresh Infusion and Cryopreservation	Evaluation and qualification of total allogeneic product with partial fresh product distribution and remaining product undergoing cryopreservation. See cryopreservation above.
<input type="checkbox"/>	Product Storage	Monitored short term refrigerated storage for <48 hours at 1-6 °C for fresh products. Monitored long term cryostorage at ≤-150°C following cryopreservation.

V. Physician Authorization

Physician's signature indicating that the processing procedure(s) selected above may be performed as necessary on cell therapy products to reach the target endpoint (CD34+, CD3+, or MNC dose) by The Blood Connection Cellular Therapy Processing Laboratory at 1099 Bracken Road, Piedmont, SC 29673.

Ordering Physician

Date

Form Completed By

Date

Return Original To: The Blood Connection and One Copy Each To: Clinical Transplant Program and Collection Facility