\*\*PLEASE NOTE: This document does not replace the actual Read & Review of all SOPS, Forms, and Aids in MasterControl in their entirety.

|  |  |  |
| --- | --- | --- |
| **Manual Documents** | **New/ Updated** | **Summary of Changes** |
| A00165 *Marrow Donor Information Session Outline* | Updated | * Changes for reduced testing for Donor Suitability
* Added sentence EKG and CXR may be required based on physician’s discretion.
* Other minor formatting changes
 |
| A00166 *Peripheral Blood Stem Cell (PBSC) Donor Information Session Outline* | Updated | * Changes for reduced testing for Donor Suitability
* Added sentence EKG and CXR may be required based on physician’s discretion.
* Other minor formatting changes
 |
| A00167 *Marrow Workup Checklist (Donor Center)* | Updated | * Changes for reduced testing for Donor Suitability
* Added (if applicable) to EKG and Chest x-ray
* Other minor formatting changes
 |
| A00168 *PBSC Workup Checklist (Donor Center)* | Updated | * Changes for reduced testing for Donor Suitability
* Added (if applicable) to EKG and Chest x-ray
 |
| A00188 *Chapter 8* *Marrow Workup and Donation Process* | Updated | * Changes for reduced testing for Donor Suitability
* EKG and Chest x-ray are optional
* Other minor formatting changes
* In section 8.13, removed the word ‘unrelated’
* Added Confidentiality documents for related donors
	+ P00087, *Confidential Information Policy (Related Donor/Patient Confidentiality)*
	+ S00621*, Confidential Information Standard Operating Procedure (Related Donor/Patient Confidentiality)*
 |
| A00189 *Chapter 9 PBSC Workup and Donation Process* | Updated | * Changes for reduced testing for Donor Suitability
* EKG and Chest x-ray are optional
* Other minor formatting changes
* Title change for F00862, *Neupogen® (filgrastim) Delivery Ticket*
* Changes for Unrelated donors:
	+ Section 9.1 Overview
	+ Section 9.13 removed the word ‘unrelated’
* Added Confidentiality documents for related donors
	+ P00087*Confidential Information Policy (Related Donor/Patient Confidentiality)*
	+ S00621*, Confidential Information Standard Operating Procedure (Related Donor/Patient Confidentiality)*
 |
| A00190 *Chapter 10 Subsequent Donation Requests* | Updated | * Changes for reduced testing for Donor Suitability
* Removed EKG and Chest x-ray from table 10-3 Medical Suitability Requirements
* Other minor formatting changes
* Removed F00444 from Information Session in Table 10-4 MNC, Apheresis [MNC(A)] Modifications
* Added Confidentiality documents for related donors
	+ P00087, *Confidential Information Policy (Related Donor/Patient Confidentiality)*
	+ S00621*, Confidential Information Standard Operating Procedure (Related Donor/Patient Confidentiality)*
 |
| A00220 *Physical Assessment Requirements for Marrow and Peripheral Blood Stem Cell Donors* | Updated | * Clarification that chest x-ray and electrocardiogram are elective tests. They may be performed based on the medical assessment of the involved physicians
* Updated layout with added emphasis of “Thrombocytopenia <150x109 at baseline evaluation” as a PBSC Protocol exclusion
 |

|  |  |  |
| --- | --- | --- |
| **Form** | **New/ Updated** | **Summary of Changes** |
| F00476 *Physical Examination Report* | Updated | **Section 1: Vital Signs** * Added a repeated BP line with instructions when that action would be expected
* Added pain level and BMI as baseline vital signs

**Section 2: Past Medical History Part B #4 Central Nervous System conditions?** * Added “*include total concussions/ injuries /bleed/surgeries, dates, specific diagnoses, symptoms, and duration of symptom*s”

**Section 6:*** Added “*include all drug, food, and environmental allergies*”

**Section 7: Review of Systems*** Simplified to mark only one box if all systems are Normal or mark a separate box for each category that is Abnormal

**Section 8: Physical Examination** * Removed individual boxes for each specific physical finding
* Removed exam abbreviations and wrote out expected findings for a normal exam
* Revised to mark either Normal or Abnormal for each system

**Section 9: Test Findings*** Split required Tests (Labs and UA) into one table and Elective Tests (CXR and EKG) into second table
* Added: *CXR and EKG are not required by the NMDP. However, these tests may be performed at the discretion of the examining physician or collection facility/donor center physicians based on medical assessment.*
 |
| F00821 *Checklist for Working with a Third Party Provider* | Updated | * Changes for reduced testing for Donor Suitability
* Added note that EKG and Chest x-ray are optional
 |
| F00822 *Proposal/Acceptance Letter for Third Party Providers* | Updated | * Changes for reduced testing for Donor Suitability
* Added Elective Testing section for EKG and Chest x-ray
 |