

**National Marrow Donor Program® / Be The Match®
Donor Request for Manufacturing Cells**

Principal Investigator/Sponsor:

TC Code:

DC Code:

Name of Recipient Study:

TC Protocol ID Number:

Additional Use of Cells: Third Party Potential Commercial Profit Cells for Infusion

Product Type:

Section 1: To Be Completed by Transplant Center

The following patient is enrolled on this protocol. In this instance, the donor is participating in cell manufacturing support activity.

1A. Recipient ID:

Donor ID:

GRID:

Anticipated transplant/collection date (MM/DD/YYYY):

1B. N/A: Protocol does not involve additional blood to be drawn from the donor for cell manufacturing support activity.

The specifics of the donor blood collection to be used for cell manufacturing support activity are listed below:

Timing of donor blood collection:	Volume/Collection Tubes:	Shipping Requirements:
Pre-collection	mL RED (no anticoag)	Packaging: RT 4°C
At Donation	mL YELLOW (ACD)	Other*
Post-donation	mL GREEN (Na+ Hep)	Ship to:
Other:	mL PURPLE (EDTA)	Pre-collect address
	mL OTHER* (specify):	Other:

***NOTE:** The NMDP must approve in advance the use of special collection tubes, packaging, or shipping instructions.

TC Coordinator:

Date (MM/DD/YYYY):

Email completed Section 1 to Case Manager with workup request

Section 2: To be completed by Donor Center (DC must complete this section and return to Case Management)

Instructions to the Donor Center: The donor listed above is being asked to participate in cell manufacturing support activity. Please complete F01197, *Things You Need to Know About Your Donation* with the donor.

Was the donor approached for the cell manufacturing support activity? (i.e., Was cell manufacturing support activity participation presented to donor?)

Yes

No: Reason:

Donor **acknowledges** participation in cell manufacturing support activity

Donor **declines** participation. (If cell manufacturing support activity involves additional blood samples [see 1B] do not draw if donor declines.)

Other: Explain:

Date acknowledged on (MM/DD/YYYY):

DC Coordinator:

Date (MM/DD/YYYY):

Email completed form to Case Manager