

Appendix D

Date of Stem Cell harvest:

Hospital Number	} <i>Bradmar label</i>		
Patient Surname			
Forename			
Date of Birth			
Diagnosis and disease status		Cells collected	MNC CML
Stem Cell priming	Cyclo-G / IVE-G / G-CSF (10µgkg ⁻¹) / None Other		
Nurse performing harvest		Consultant	
Consumables	Manufacturer	Batch#	Expiry#
Disposable			
ACDA			
Saline 0.9%			

Salisbury collection Unique Product Identifier (Hosp #/DDMMYYYY)	SAL/HPC-A/		
Date and time sent to SMTL		CD34 dose collected	x10⁶kg⁻¹
NBS Unique Product Identifier			

Date and time of SCT #1		CD34 dose used for SCT #1	x10⁶kg⁻¹
Details of remaining stem cells	x10⁶kg⁻¹		

Date and time of SCT #2		CD34 dose used for SCT #2	
Details of remaining stem cells	x10⁶kg⁻¹		

Date of discard authorisation		Person signing authorisation	
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Other Notes: