

STEM CELL PATIENT – INFORMATION CONFIRMATION REQUEST

<input checked="" type="checkbox"/> Urgent request
--

DONOR DATA	
Donor ID	
Donor registry	Finnish Stem Cell Registry, ION-9738

PATIENT DATA			
Patient name		Patient ID	
Patient registry			
Date of birth (yyyy-mm-dd)		Diagnosis	

INFORMATION TO BE CONFIRMED			
Confirm that the requesting transplant center meets the following:	Patient registry representative answers:		
	Yes	No	Not applicable
Stem Cell Graft is requested for a patient for whom cellular therapy is a medically acceptable procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical and administrative prerequisites from search initiation through post-transplant care are met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testing is carried out by accredited laboratories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processing and storage procedures maintain product quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The patient has given consent for sharing his/her basic outcome data with the Finnish Stem Cell Registry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional information:			

Patient registry representative:	Date (yyyy-mm-dd)	Signature: