

C20

ABNORMAL DONORFINDING LETTER

Page **1** of **1**

DATIFALT DATA		
PATIENT DATA Patient first name:	Dationt last name	
Patient registry: Date of birth: (YYYY-MM-DD)		
Patient ID:	Patient ID:	
(assigned by patient registry)	(assigned by donor regi	strv)
(6 7	(**************************************	
DONOR DATA		
Donor registry:		
Donor ID:		
GRID:		
65671011 A 70 D5 6014015750 DV 7115 AD1		
SECTION A: TO BE COMPLETED BY THE APHERESIS/COLLECTION CENTRE		
The above donor is being evaluated to donate. During the workup medical evaluation, the donor was found to have the following:		
the following:		
Additional relevant documentation is attached:		
Name of collection/ apheresis centre:		
Responsible physician's name in print:	Date: (YYYY-MM-DD)	Responsible physician's signature:
SECTION B: TRANSPLANT CENTRE ACCEPTACE		
Due to the above outlined abnormal donor finding, urgent medical need must be documented in order to proceed.		
Urgent medical need indicates that the potential risk of disease transmission from the donor is outweighed by the benefits associated with a transplant of a product from this donor. There is no comparable product and the patient is		
at increased risk of morbidity/mortality if the product is not collected and released for the transplantation. After		
considering this information, the transplant physician must decide how to proceed:		
After reading the above information/reviewing the relevant documentation, I elect to		
receive a product from the donor.		
decline receiving a product from the donor. Please cancel this work-up		
Name of transplant centre:		
Tunnaminat minimininal manager (1997)	Data (manager = -)	Transplant physician is sized.
Transplant physician's name in print:	Date: (YYYY-MM-DD)	Transplant physician's signature: