

Institute

Adress
Director

Accompanying Form for Photopheresis Preparation

Determined for :

Hospital (Department) :

Ward :

Patient :

Diagnosis :

Blood group:

Preparation-No.

Blood group :

Type of preparation :

Removal :

Volume :	ml	Erythrocytes :	ml
Platelets :	$\times 10^{11}$	Leukocytes :	$\times 10^{10}$

Irradition :

Requesting physician : _____

Date of release :

Type of transportation :

Transfusion necessary until :

Remark :

Operator - Signature

Release/Physician

Istitute, location, adress, telephone, fax, e-mail

Preparation-No.:

Sep.No.

Donar

Patient

Date:

Donor No.:		Name:	
Blood group:	HLA-B:	Hospital (Department):	
HLA-A:	Weight:	Ward:	
Size:		Diagnosis:	
Remark:		BG:	CMV:
		HLA-A:	HLA-B:
		Size:	Weight:

Batch number

Apheresis

Check signature

Separator:		Time (min.):	<input type="checkbox"/> Separator	<input type="checkbox"/> Alarm
Set:		Blood vol.:ml:	<input type="checkbox"/> Program	<input type="checkbox"/> Prime
ACD:		ACD ml:	<input type="checkbox"/> Solution	<input type="checkbox"/> Clamps
NaCl:		NaCl ml:	<input type="checkbox"/> Needle	<input type="checkbox"/> Batch numbers
Sed. agent:		Sed. agent ml:	<input type="checkbox"/> Connections	<input type="checkbox"/> Donor / pat. data

Donar fata	Pre	Post	Preparation	Bag 1	Bag 2
Leuko x 10 ⁹ /l			Total weight g		
Ery x 10 ¹² /l			Empty weight g		
Hb g/dl			Net vol. ml		
HK %			Leuko x 10 ⁹ /l		
MCV fl			Ery x 10 ¹² /l		
Platelets x 10 ⁹ /l			HK %		
MNC %			Platelets x 10 ⁹ /l		
CD 34 %			MNC %		
RR mmHg			Leukocytes x 10 ¹⁰		
Pulse f/Min.			Erythrocytes ml		
Temp °C			Platelets x 10 ¹¹		
Sodium			MNC x 10 ¹⁰		
Potassium			Donor-NW:		
Calcium			Technic problems		
Magnesium			Set problems:		

Time	Blood flow	Plasma flow	Collection rate	ACD flow rate	Remarks
All data have to be collected and documented in regular intervals					

Remarks:

Drugs:

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Operator-Signature

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Dismission (signature of physician)