

Title:

**SECTION 13.0 NZBMDR STANDARDS
REQUEST FOR SECOND OR SUBSEQUENT
DONATION OF BONE MARROW, G-CSF STIMULATED
PERIPHERAL BLOOD STEM CELLS OR DONOR
PERIPHERAL BLOOD LYMPHOCYTES**

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FORMS

Previous Transplant History and Formal Request for Subsequent Stem Cell or Lymphocyte Collection	Form ST01
Prescription for Donor Peripheral Blood Lymphocyte Collection	Form BLY01
Verification for Donor Peripheral Blood Lymphocyte Collection	Form BLY02
Intent to Donate Peripheral Blood Lymphocytes	Form BLY03
Lymphocyte Collection Report	Form BLY04
Patient Progress Report	Form PP001

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BONE MARROW, G-CSF STIMULATED PERIPHERAL BLOOD
STEM CELLS OR DONOR PERIPHERAL BLOOD
LYMPHOCYTES**

With changing approaches to treatment it is likely that greater demands will be made of donors for second and even third donations of Haemopoietic stem cells, platelets, unstimulated leucocytes or whole blood.

The possibility of a second or subsequent collection of stem cells should be covered at the original donor 'Workup'.

All requests for second or subsequent donation must be made through NZBMDR

13.1 Request and Approval Procedure

Form ST01 Previous Transplant History and Formal Request for Subsequent Stem Cell or Lymphocyte Collection should be submitted together with

Form MC001, Prescription for Marrow Collection or,

Form GC001, Mobilised Stem Cell Collection or

Form BLY01 Prescription for Donor Lymphocyte Collection.

All requests for a second or subsequent donation must be examined by an appropriate panel from a Third Party medical representative, a physician from the Marrow Collection and/or Apheresis Centre and the NZBMDR Medical Director. The Chairman of the National Bone Marrow Transplant Committee can substitute for the Medical Director if required, or if there is a conflict of interest, to make a panel of three.

A second donation of GCSF stimulated HPC, Apheresis will be considered by the medical review team for the same patient .

Donation of GCSF stimulated HPC, Apheresis for a different patient will not be considered unless the donor is the only potential donor in the world for a patient

- **The physician treating the patient must be excluded from the review panel.**
- On receipt of the request from the transplant physician, the NZBMDR Executive Officer will circulate written details to the members of the review panel. Decisions on such requests should be made within forty-eight (48) hours if at all possible.
- Approval by the panel of three is required **before an approach to the donor** is made about subsequent donations.
- A clear-cut division between Donor and Transplant Centres must be maintained especially where a NZ donor and NZ recipient are in the same District Health Board
- If the request is approved, the NZBMDR Executive Officer will approach the donor. (NZBMDR standards, for the assessment, counselling, and follow up of the donor and collection of stem cells or blood products, must be followed.)

- The third party physician responsible for the donor workup must be satisfied the donor has a good understanding of the procedure and the risks involved.
- The donor must be given ample time to make his / her decision and be free to ask any questions to which all answers must be freely given. The donor must not be put under any pressure and must feel free to decline.
- The patient status, need for a further donation, and the chance of success should be discussed with the donor at workup

13.2 Medical Assessment required of the Donor

In the event of the request being made within one month of the transplant it may not be necessary to repeat the third party haematological assessment; however this will be a decision made by the Medical Director and the Collection Centre on a case by case basis. Virology testing must be repeated within thirty days of collection

13.2.1 Donation of Bone Marrow

As for a first donation of bone marrow (refer: Section 11.2).

Form MC001, Prescription for Marrow Collection

Form 43 Interpretation of Third Party Physical Examination at Workup

Form 50 Donor Infectious Disease Markers at Workup

Form MC002: Verification of Marrow

Form B Intent to Donate

Form 60 Bone Marrow Collection Form

Form 61 Donor Hospitalisation Record must be completed for a second donation.

13.2.2 Donation of G-CSF Stimulated Peripheral Blood Stem Cells (HPC, Apheresis)

As for a first donation of G-CSF Stimulated Peripheral Blood Stem Cells according to the G-CSF protocol (refer: Section 12.0) including donor follow up.

Form GC001, Mobilised Stem Cell Collection

Form G43 Interpretation of Third Party Physical Examination at Workup

Form G50 Donor Infectious Disease Markers at Workup

Form GMA Medical Assessment at Workup

Form G Consent Intent to Donate

Form GC002, Verification of Prescription for Mobilised Stem Cell Collection

13.2.3 Donation of Peripheral Blood Lymphocytes

As for first donation of bone marrow (Refer: Section 11.2) request is made on

Form BLY01, Request for Donor Lymphocyte Collection

Form 43 Interpretation of Third Party Physical Examination at Workup

Form 50 Donor Infectious Disease Markers at Workup

Form BLY02, Verification of Peripheral Blood Lymphocytes

Form BLY03, Intent to Donate

Form BLY04 Collection Report to be completed after the lymphocyte donation

13.3 Provision of and Administration of GSCF

The Collection Centre will arrange for the supply and administration of GSCF. NZBMDR will reimburse the Collection Centre for the cost of the collection.

13.4 Time interval after donating HPC, Marrow, HPC, Apheresis or Lymphocytes before regularly donating blood.

After a bone marrow donation - six (6) months

After a G-CSF stimulated stem cell donation - six (6) months

After donating unstimulated Lymphocytes – three (3) months.

All donor must have reported complete recovery on the donor follow up forms

13.5 PATIENT PROGRESS INFORMATION FOR DONORS

Many donors like to have some feedback as to the patient's progress post-transplant. Form PP01 should be used for this purpose.

Refer: Form PP01:

Patient Progress Report