

FOLDER A: PAEDIATRIC STEM CELL TRANSPLANT PATIENT WORKUP FOLDER

CONTENTS LIST

1. [Patient Workup Assessment Form](#) (SOP 2.1 Appendix 6)
2. [Paediatric Functional status form](#) (SOP 2.1 Appendix 12)
3. [Paed BMT Admission Documentation Checklist](#) (SOP 2.13 Appendix 3)
4. [Notification to Transfusion Lab of the Need for Irradiated Blood Products, and Patient and Donor Blood Groups](#) (SOP 2.22 Appendix 6) – to be completed electronically and sent to Transfusion lab (and referring centre Transfusion lab, if applicable) after pre-admission MDT
5. [Deviation Form \(in case this is required later\)](#) (Appendices to SOP 6.11)
 - a. [Planned Deviation](#) (Appendix 1, SOP 6.11)
 - b. [Unplanned Deviation](#) (Appendix 2 SOP 6.11)

In consent plastic sleeve:

6. [EBMT Data consent](#) (SOP 2.1 Appendix 7)
7. [NHSBT 2B](#) (Available online)
8. [Electronic communication consent form](#) (SOP 2.1 Appendix 8)

Patient Information

9. [Virology testing/cell storage information sheet](#) (SOP 2.1 Appendix 15)
10. Irradiated blood leaflet (located in CNS office, BCH Level 6)
11. Bens BMT/ Teenagers guide (as appropriate), (located in CNS office, BCH Level 6)
12. GVHD booklet (located in CNS office, BCH Level 6)
13. VOD leaflet (located in CNS office, BCH Level 6)
14. BRCH guidebook – 'Undergoing a BMT' (located in CNS office, BCH Level 6)
15. TBI info sheet if relevant (located in CNS office, BCH Level 6)

FOLDER B: RELATED DONOR WORK-UP FOLDER FOR PAEDIATRIC STEM CELL TRANSPLANT

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1. [Medical Assessment of Related Stem Cell Donor](#) (SOP 2.1 Appendix 11)
2. [Stem Cell Donor Health Check](#) (SOP 2.1 Appendix 9)
3. [Paediatric Functional status form](#) (SOP 2.1 Appendix 12)
4. [Deviation Form \(in case this is required later\)](#) (Appendix to SOP 6.11)
5. [Related Donor Final Clearance Form](#) (SOP 2.15 Appendix 2)

In consent plastic sleeve:

6. [NHSBT 2B](#) (Available online)
7. HTA model declaration form for clinicians – to get copy letter, go to “The revised referral letter template can be found [here](#)”

Donor Information

8. [Virology testing/cell storage information sheet](#) (SOP 2.1 Appendix 15)
9. [HTA information leaflet](#) (Available online)
10. [Donating stem cells to sibling](#) (Available online)
11. [Jess' bone marrow donation](#) (if age appropriate)