

ADULT - Allo Patient Work Up Folder Contents

Documents below are located in the BMT Co-Ordination office on Level 8:

- **Purple group and save blood form x 2** completed and signed by Medical Co-Ordinator
- **A4 Blue 3C** – for confirmatory Tissue Typing
- **NHSBT information booklet** on patients needing irradiated blood products

Further forms are linked here:

Form	Link
Assessment form to be completed by Medical Co-ordinator with patient at BMT work up appointment	Allo Patient Work up Assessment Form (SOP 2.1 Appendix 6)
Hospital Consent Form 1	Located in BMT Co-ordination office
Patient consent form to share data with EBMT and relevant registries to be completed by Medical Co-ordinator with patient at BMT work up appointment	EBMT Consent form for Data registration for HSCT and IEC therapy (SOP 2.1 Appendix 7)
Performance score to be confirmed on patient assessment at BMT work up appointment	Karnofsky performance status scale definitions rating (SOP 2.1 Appendix 12)
Patient consent form to receive correspondence via e-mail to be completed at BMT work up appointment	Electronic communication – patient advice sheet (SOP 2.1 Appendix 8)
Red cell immunohaematology request form (if required)	Follow this link for the Request for Reference Serology Form https://hospital.blood.co.uk/diagnostic-services/red-cell-immunohaematology/rci-test-request-form/
Patient consent form for testing, storage and discard of stem cells or lymphocytes to be completed at BMT work up appointment in line with virology testing and cell storage policy	2b consent form (v4 May 2018) (web link)
Checklist to be completed on admission by Medical Co-ordinator on handover to ward	Allograft patient admission checklist (SOP 2.13 Appendix 1)

Notification of requirement for irradiated blood products form(s):

Patient group	Paperwork	Send to	When
Allo Bristol patient	Form 1 (IBP flag) (SOP 2.22 Appendix 1)	UHBW transfusion lab	Optional, can be used to flag for IBP ahead of final donor clearance
	Form 2 (IBP flag, pt and donor blood groups) (SOP 2.22 Appendix 2)	UHBW transfusion lab	After final donor clearance
Allo referred patient	Form 1 (IBP flag) (SOP 2.22 Appendix 1)	UHBW transfusion lab	Optional, can be used to flag for IBP ahead of final donor clearance
	Form 2 (IBP flag, pt and donor blood groups) (SOP 2.22 Appendix 2)	UHBW transfusion lab	After final donor clearance
	Form 3 (IBP flag and pt and donor blood groups)	Referring centre's transfusion lab	After final donor clearance

[South West Transfusion labs contact list](#)

Confirmation of receipt & action is required prior to admission