

Clinical Standard Operating Procedure (SOP)

COORDINATING REFERRALS FOR ALLOGENEIC STEM CELL TRANSPLANT

SETTING	Stem Cell Transplant and Cellular Therapy Programme, Bristol Haematology and Oncology Centre and Bristol Royal Hospital for Children
FOR STAFF	Clinical, nursing, and administrative staff working in Adult and Paediatric Stem Cell Transplants
PATIENTS	Adult and Paediatric patients referred for allogeneic stem cell transplant

1. Indications for Practice

Every patient considered for HSCT must have their transplant coordinated from time of referral to time of admission. From initial referral, depending on a patient's disease and health status, the trust aims to transplant them within 8-10 weeks. A formal referral along with a completed referral form must be sent by the referral centre detailing all necessary information. This referral letter and form will then trigger the official process outlined here.

1. Authorised Personnel / Training Required

The coordination process is undertaken by the BMT Clinical Nurse Specialists, Medical Coordinators and the SCT service coordinator. In their absence, however, this process can also be undertaken by any senior member of qualified nursing or medical staff.

Team members require access to ICE and Sp-ICE systems to access relevant test results for each patient as well as the Document Management System (DMS) to retrieve the relevant workup forms.

2. Procedure

The following is a step-by-step guide to the coordination of patient and donor workups. However, individual patient needs should be considered and some steps may be omitted or skipped depending on the patient's condition. The procedure differs between the team in BHOC (adults) vs BRHC (paediatric)

3.1 Paediatric BMT Procedure

1. Upon receipt of a patient summary referral form ([Appendix 1](#)), consultant referral letter and blood samples for tissue typing (sent to NHSBT), the patient will be added to the BMT futures list.
2. Request the Ocean Unit ward clerk/receptionist to create a set of red regular day attender notes. The medical coordinator also keeps a blue folder in Ocean Unit known as the 'workup folder' or blue folder where this information can be stored.

3. Patients are discussed at BMT MDT/Planning meeting when the patients' consultant will present the new patient. The proposed timescale of the transplant will be provided by the BMT consultant and the patient will be added to the BMT bed planning Excel spreadsheet.
4. As soon as cross-match (verification typing) and CMV serology status known, inform the Histocompatibility and Immunogenetics (H&I) laboratory by email using nhs.net email addresses, to protect patient confidentiality (if unable to use nhs.net account then call the laboratory). Include official reports with patient identifying details or the H&I team will not accept the paperwork.
5. If patient has been referred from either Northern Ireland, Wales or the Channel Islands financial approval will be required. Request this from the referring hospital as soon as possible.
6. Create a blue workup folder with all relevant paper work:

[Appendix 3: Contents lists for paediatric stem cell transplant patient and donor work up folders](#)

7. H&I Laboratory will search for suitable donors for the patient's transplant. These donors can be either:
 - MUD: Matched unrelated donor
 - CBU: Cord blood unit
 - MSD: Matched sibling donor
 - Haplo: Half Matched (Haploidentical) donor (typically a parent)
8. Once H&I are confident that there is a suitable donor and this has been agreed by the wider team, H&I will initiate the ordering process. Only then should the coordination team begin booking in workup appointments and the pre-BMT consultation (new-patient appointment) that is part of the informed consent process. Liaise with medical team to identify a suitable time for the patient to attend the hospital to be worked up and subsequently transplanted. These dates are often subject to change, however.

These workup appointments can be over several days but should begin with the new patient chat (BMT chat) with the patient's named consultant.

[See SOP 2.2 Coordinating Patient and Related Donor Workup for Allogeneic Stem Cell Transplant](#)

9. The BMT Coordinator or a member of the BMT Nursing team will then inform all the related donors of the tissue typing results once obtained.

Refer to section 3.1 of [SOP 2.15 Related Donor Selection, Counselling and Assessment Procedure](#) for donor selection criteria.

10. If a potential related donor(s) has been identified:

If there is more than one matched related donor, the patient and donors' age, weight, sex, CMV status, blood group and general health would be used by the patient's consultant to select the most appropriate donor.

Confer with the patient's consultant to identify an appropriate date for their transplant, ensuring there are appropriate collection (bone marrow harvest (BMH)/peripheral blood stem cell (PBSC) slots available. To arrange cell collection, refer to:

[SOP 2. 5 Booking a Bone Marrow Harvest](#)

[SOP 2.6 Booking A Peripheral Blood Stem Cell Collection For Adult Patients And Adult Related Donors Of Paediatric Patients](#)

Create a workup folder for the patient and donor (if related) and continue to [SOP 2.2 Coordinating Patient and Related Donor Workup for Allogeneic Stem Cell Transplant](#)

See also [SOP 2.15 Related Donor Selection, Counselling and Assessment](#) which provides further information on related donor selection and workup.

11. If the patient has no suitable related donors, continue to [SOP 2.3 Coordinating selection of an unrelated stem cell donor for allogeneic stem cell transplant](#).
12. If utilising a related donor who lacks capacity to consent, they will require a Human Tissue Authority (HTA) Assessment. This consists of an in-person interview from an HTA accredited assessor with the donor and the person giving consent of behalf of the donor.
13. Once all workup procedures have been completed and reported, the BMT Service Coordinator and BMT medical coordinator will prepare the [Paediatric BMT MDT discussion proforma](#) (Appendix 2) and BMT Conditioning protocol (blue sheet). These will be presented at the MDT meeting where there will be a group consensus regarding the patient fitness for transplant and signing off the conditioning regimen.
14. If the donor is signed off at the MDT, a Notification of the Need for Irradiated Blood Products and Patient and Donor Blood Groups must be completed and sent to the UHBW Transfusion Lab (and external Transfusion Lab if they are a non-Bristol patient). Please see [SOP 2.22 Notification of the Need for Irradiated Blood Products](#) for the full procedure and paperwork.

3.2 Adult BMT Procedure

1. Upon receipt of a patient summary, consultant referral letter and blood samples for tissue typing (sent to NHSBT), the patient will be added to the BMT planning list.
2. Service coordinator will organise for new patients to be seen in an ad hoc appointment to meet their consultant – 'New patient talk'. Bloods to be routinely requested on the ICE when the patient has their new patient talk, whether they attend face to face or at a later date. BMT admin staff to liaise with CNS team when booking New Patient Appointments, so that bloods can be requested on ICE.
3. BMT Consultant completes a BMT MDT Discussion clinical note for the pathway on Careflow ahead of BMT planning meeting
4. Patients are discussed at BMT MDT/Planning meeting when the patients' consultant is present. The proposed timescale of the transplant will be provided by the BMT consultant and the patient will be added to the BMT bed planning Excel spreadsheet.

5. As soon as cross-match and CMV serology status known, inform the Histocompatibility and Immunogenetics (H&I) laboratory by email using nhs.net email addresses, to protect patient confidentiality (if unable to use nhs.net account, then call the lab).
6. If potential related donors are identified, the coordination team will send a tissue typing kit and [Stem Cell Donor Health Check Questionnaire](#) (Appendix 11) to the patient's close family members to complete. If relatives live overseas, details will be sent to the H&I lab to organise tissue typing via BBMR.
7. If patient has been referred from either Northern Ireland, Wales or the Channel Islands financial approval will be required. Request this from the referring hospital as soon as possible.
8. H&I Laboratory will search for suitable donors for the patient's transplant. These donors can be either:
 - a. MUD: Matched unrelated donor
 - b. CBU: Cord blood unit
 - c. MSD: Matched sibling donor
 - d. Haploidentical: Half Matched donor (typically a parent, sibling or children)
9. Use Monday BMT planning meeting to obtain results of tissue typing and see if the patient has a suitable donor.
10. Once H&I are confident that there is a suitable donor and this has been agreed by the wider team, H&I will initiate the ordering process. send donor request forms for unrelated donors to BMT co-ordination via nhs.net.
11. The BMT Coordinator or a member of the BMT Nursing team will then inform possible donors of the tissue typing results once obtained

Refer to section 3.1 of [SOP 2.15 Related Donor Selection, Counselling and Assessment](#) Procedure for donor selection criteria.

12. If a potential related donor(s) has been identified:

If there is more than one matched related donor, the patient and donors' age, weight, sex, CMV status, blood group and general health would be used by the patient's consultant to select the most appropriate donor.

Choose a transplant date for the patient by conferring with the patient's consultant, ensuring there are appropriate collection (bone marrow harvest (BMH)/peripheral blood stem cell (PBSC)) slots available. To arrange cell collection, refer to

[SOP 2.5 Booking a Bone Marrow Harvest](#)

[SOP 2.6 Booking A Peripheral Blood Stem Cell Collection for Adult Patients and Adult Related Donors of Paediatric Patients](#)

13. Create a workup folder for the patient and donor:

[Appendix 5: Contents List for the Adult Allo Donor Work-Up Folder](#)

[Appendix 6: Contents List for the Adult Allo Patient Work-Up Folder](#)

and continue to [SOP 2.2 Coordinating Patient and Related Donor Workup for Allogeneic Stem Cell Transplant](#).

See also [SOP 2.15 Related Donor Selection, Counselling and Assessment which provides further information on related donor selection and workup](#).

If the patient has no suitable related donors, continue to [SOP 2.3 Coordinating Selection of an Unrelated Stem Cell Donor for Allogeneic Stem Cell Transplant](#).

14. If utilising a related donor who lacks capacity to consent, they will require a Human Tissue Authority (HTA) Assessment. This consists of an in-person interview from an HTA accredited assessor with the donor and the person giving consent of behalf of the donor.
15. Once all workup procedures have been completed and reported, the results should be discussed with the BMT consultants at the BMT Planning Meeting to confirm the patient is fit for transplant. An admission date will be arranged for the patient and the BMT Medical Co-ordinator/Associate Specialist will complete a BMT protocol (blue sheet) and two BMT flow sheet (pink sheet).
16. The medical coordinator then needs to complete a need for irradiated blood products notification. Refer to [SOP 2.22 Process to Flag the Need For Irradiated Blood Products for the full procedure that must be followed](#).

Note: all email communication sent externally **must** be sent securely via nhs.net accounts.

REFERENCES	<p>Please refer to SOP 2.22 Process of notification of transfusion laboratory of need of irradiated blood product (IBP) for stem cell transplant recipients and appendix.</p> <p>To contact blood transfusion lab, BRI. [REDACTED]</p> <p>For further information regarding the use of irradiated blood products refer to the BMT protocols and the UHBW transfusion policy and guidelines</p> <p>To contact the H&I lab, NHSBT Tel: [REDACTED] Email: [REDACTED]</p> <p>All documents included in the coordination/workup folders can be found in the CNS office on Ocean Unit, level 6, BCH for paediatric patients. For adult, the workup folder is kept with BMT CNS and SCT Adult Coordinator on Level 8, BHOC.</p>
RELATED DOCUMENTS AND PAGES	<p>Appendix 1: Referral form for Paediatric BMT,</p> <p>Appendix 2: Paediatric BMT MDT Discussion Proforma,</p> <p>Appendix 3: Paediatric Patient and Donor Workup Folders Contents Lists</p> <p>Appendix 4: Contents List for the Adult Allo Donor Work-Up Folder</p> <p>Appendix 5: Contents List for the Adult Allo Patient Work-Up Folder</p>

	Appendix 6: Allo Patient Workup Assessment Form (Paed and Adult) Appendix 7: EBMT Data Consent form (Paed and Adult) Appendix 8: Electronic Communication Advice Sheet Appendix 9: Stem Cell Donor Health Check / Health Check Questionnaire Appendix 10: Karnofsky Performance Status Appendix 11: Medical Assessment of Related Stem Cell Donor Appendix 12: Paediatric Functional Status Form Appendix 13: Virology Testing and Cell Storage Patient Information Sheet
AUTHORISING BODY	Paediatric Haematology, Oncology and BMT Quality Assurance Forum (Quaf) / Adult BMT IEC Quality Group
SAFETY	No additional safety concerns
QUERIES AND CONTACT	For paediatric patients Tel: [REDACTED] Email: [REDACTED] For adult patients: Tel: [REDACTED] Email: [REDACTED]

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Description of Revision:	Minor ad hoc update to section 3.1 steps 13 and 14 for clarity and to reflect updated appendix 02.

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