

# Apheresis Record

Date: \_\_\_\_\_ Procedure: \_\_\_\_\_ Collection NO: \_\_\_\_\_

Doctor: \_\_\_\_\_ Beeper: \_\_\_\_\_

Apheresis Nurse: \_\_\_\_\_

Location of Procedure	Room Number
Ambulatory Care Centre	
Intensive Care Unit	

## PRE-PROCEDURE CHECKS (Please ✓, sign and date to acknowledge)

Consent Completed		Completed Prescription for HPC collection (CT-F-089)	
Infectious Disease Markers <i>(valid 30 days)</i>		Blood Crossmatched <i>(where machine blood prime required)</i>	
Donor Blood Group <i>(performed in last 7 days)</i>		Donor assessed and orders completed (MR690/A) by Medical Officer	
<i>Sign and date to confirm</i>		<i>Sign and date to confirm</i>	

## DONOR DETAILS

Height (cm):		Total Blood Volume (TBV):	
Weight (kg):		Total Plasma Volume (TPV):	
<i>Sign and date to confirm</i>		<i>Sign and date to confirm</i>	

## VASCULAR ACCESS

PERIPHERAL		VASCATH	
Access Vein		Access	
Return Vein		Return	
<i>Sign and date to confirm</i>		<i>Sign and date to confirm</i>	

## PATHOLOGY RESULTS (complete from CLARA as applicable & if indicated)

PARAMETER	PRE	MIDWAY	POST
Hb (g/L)			
HCT			
PLTS			
WCC ( x10 <sup>9</sup> /L)			
Neut.			
Lymph.			
Mono.			
MNC (Lymph.+Mono.)			
CD34+x10 <sup>3</sup> /mL			
Ca <sup>2+</sup> (ionised) mmol/L			
"other"			
<i>Sign and date</i>			



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## OBSERVATIONS

TIME	HRS																		
	MINS																		
STAFF INITIAL																			
TEMP																			
HR / BP / RR	220																		
	200																		
	180																		
	160																		
	140																		
	120																		
	100																		
	80																		
	60																		
	40																		
20																			
COMMENTS																			

PROGRESS NOTES

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### FINAL PRODUCT LABELLING AND HANDOVER

PRODUCT LABELLING		HANDOVER CUSTODY OF CARE	
Labelled by: <i>(Apheresis Nurse to Sign)</i>		HPC-A Product Unique Identifier <i>(Scientist to attach Medipath Number)</i>	
Checked by: <i>(Scientist /Nurse to Sign)</i>		Product Labelled and collected by: <i>(Scientist to Sign)</i>	
Destination <i>(Laboratory)</i>		Check and Hand over by: <i>(Apheresis Nurse to Sign)</i>	
Date & Time Collector Notified:		Date and Time <i>(HPC-A Product leaves Collection Facility)</i>	

**NOTE:** This original completed Apheresis Procedure Form **MUST** be filed in the Donor's Medical History. A copy of this form is to accompany the labelled HPC-A Product to the Processing Laboratory.