LifeStream
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ONCOLOGY INSTITUTE PATIENT WORKSHEET

Upon Completion Email to: OIStemCellGroup@LStream.org

Patient Name: _____ DOB: _____

Gender: M or F Medical Record Number: _____

Diagnosis: _____

Height: _____ Weight: _____Known Allergies: _____

Please submit:

- Bone Marrow & Progenitor Cell Processing Prescription (HPP 163)
- Consent for Processing, Cryopreservation, Storage and Discard of Progenitor Cells (HPP 014)

Proposed Collection Date(s): _____

Central Line Insertion Date: _____

Filgrastim Administration Start Date: _____

Mozobil Administration Date(s): _____

REQUIRED PATIENT EXAM AND TEST RESULTS:

- Viral Marker Testing
- Hemoglobinopathy results
- Pregnancy testing (females only)

REQUESTING PHYSICIAN APPROVAL AND SUITABILITY DETERMINATION

☐ Patient's health status has been evaluated and is deemed suitable for stimulation and collection.

_____

REQUESTING PHYSICIAN SIGNATURE / DATE

LIFESTREAM MEDICAL DIRECTOR APPROVAL

Based on a review of the Bone Marrow & Progenitor Cell Processing Prescription, Patient Test Results and Physician Approval:

☐ Collection may proceed

_____

MEDICAL DIRECTOR SIGNATURE / DATE

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Instructions for Completion of the Oncology Institute Patient Worksheet

PATIENT NAME AND DOB: Fill in patient name and date of birth as they appear in medical records

GENDER: Circle M or F

MEDICAL RECORD NUMBER: Fill in as it appears in medical records

DIAGNOSIS: Fill in patient diagnosis

PATIENT HEIGHT (IN INCHES) AND **WEIGHT** (IN POUNDS) **KNOWN ALLERGIES:** List allergies or N/A

SUBMIT: When emailing this form, include the completed:

- Bone Marrow & Progenitor Cell Processing Prescription (HPP 163) and
- Consent for Processing, Cryopreservation, Storage and Discard of Progenitor Cells (HPP 014)

FILL IN THE DATES FOR THE FOLLOWING ITEMS ACCORDING TO PATIENT'S SCHEDULE:
Proposed Collection Date(s):
Central Line Insertion Date:
Filgrastim Administration Start Date
Mozobil Administration Date(s):

SUBMIT:

- Viral Marker Testing
- Hemoglobinopathy results
- Pregnancy testing (females only)

PHYSICIAN APPROVAL AND SUITABILITY DETERMINATION
Please check box and sign (by Physician requesting collection)

LIFESTREAM MEDICAL DIRECTOR APPROVAL
To be signed and dated by LifeStream Medical Director after review of request and accompanying patient test results

EMAIL:

- Completed Form
- Bone Marrow & Progenitor Cell Processing Prescription (HPP 163)
- Consent For Processing, Cryopreservation, Storage And Discard Of Progenitor Cells (HPP 014)
- Patient test results

TO: OIStemCellGroup@LStream.org