Pediatric Blood and Marrow Transplant
Adult Blood and Marrow Transplant
Stem Cell Laboratory

DOCUMENT NUMBER: COMM-PAS-028 FRM1

DOCUMENT TITLE:
Weekly QC Document Control FRM1

DOCUMENT NOTES:

Document Information

Revision: 01	**Vault:** COMM-PAS-rel
Status: Release	**Document Type:** COMM-PAS

Date Information

Creation Date: 20 Jun 2025	**Release Date:** 01 Jul 2025
Effective Date: 01 Jul 2025	**Expiration Date:**

Control Information

Author: MC363	**Owner:** MC363
Previous Number: None	**Change Number:** PAS-CCR-043

COMM-PAS-028 FRM1
Weekly QC Document Control

Site/Location/Area:	Month:	Year:

Document #	Revision #	Effective Date	Document Type				Prior versions have been destroyed			Date/Initials Current: First date document provided. New/ Revised: Effective Date or a comment is required
			Current	New	Revised	Archived	Current/New N/A	Revised/Archived Yes	No	
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Weekly Verification – All Printed documents are verified as the current, released version from MasterControl?

Week 1	**Week 2**	**Week 3**	**Week 4**	**Week 5** ☐ NA
☐ Yes ☐ No, DEV #:	☐ Yes ☐ No, DEV #:	☐ Yes ☐ No, DEV #:	☐ Yes ☐ No, DEV #:	☐ Yes ☐ No, DEV #:
Date/Initials:	**Date/Initials:**	**Date/Initials:**	**Date/Initials:**	**Date/Initials:**

Monthly Review: ________________________________ **CQP Review:** ________________________________

Comments: ____

Summary – Use of this Form

This form is a monthly record of all forms currently printed and in use within APBMT and STCL, plus a record of any new or revised forms that go into use during the month. This is intended to prevent the use of any expired form, and to confirm that new or revised forms go into use on their Effective Date. Also, any Deviation relevant to a listed form is referenced on this form.

Instructions for Completing Weekly QC Document Control

In this field…	Record
Site/Location/Area:	Record the collection site name, laboratory location, or work area containing pre-printed documentation.
Month:	Record the current month.
Year	Record the current year.
Document #	Record SOP number (including FRM number) for any document that is printed in advance when it is not possible to print on an as-needed basis. **All currently in-use documents should be listed each month, as well as any New or Revised documents that go into effect during the month, if applicable.**
Revision #	Record the current Revision number of the referenced document.
Effective Date	Record the Effective Date for the referenced document.
Document Type	• For a document currently in use without revision, check Current. • For a new document put into effect during this month, check New. • For a document that has been revised and put into effect during this month, check Revised. • For a document that has been archived, check Archived.
Prior versions have been destroyed	• If this document type is Current or New, check NA. • If this document type is Revised or Archived, destroy all copies of the prior version. Check Yes to confirm that all previous versions at the site have been destroyed on this new form's Effective Date. If the previous version is not destroyed on the new form's Effective Date, check No **and record a comment and/or Deviation number under Weekly Verification for this week**.
Date/Initials	Date and initial for review of the associated document. If the document type is New or Revised, this date must match the Effective Date for the document. If this date does not match, a comment is required to explain the difference, and a deviation may be required. If this document is Current (currently in use at the site), this date should be the first day when the collection site, lab, or work area was provided the document.
Weekly Verification	Weekly, verify that all printed documents are the current, released version from MasterControl as listed in the table and that all previous versions were destroyed. If no, list the deviation number.
Monthly Review:	The monthly review will be performed by the Program and/or Facility's Manager or designee. Initial and date.

Signature Manifest

Document Number: COMM-PAS-028 FRM1 **Revision:** 01
Title: Weekly QC Document Control FRM1
Effective Date: 01 Jul 2025

All dates and times are in Eastern Time.

COMM-PAS-028 -- COMM-PAS-036

Author

Name/Signature	Title	Date	Meaning/Reason
Mary Beth Christen (MC363)		26 Jun 2025, 12:02:28 AM	Approved

Management

Name/Signature	Title	Date	Meaning/Reason
Kris Mahadeo (KM193)		26 Jun 2025, 10:32:36 AM	Approved

Medical Director

Name/Signature	Title	Date	Meaning/Reason
Kris Mahadeo (KM193)		26 Jun 2025, 10:33:03 AM	Approved

Quality

Name/Signature	Title	Date	Meaning/Reason
Mary Beth Christen (MC363)		26 Jun 2025, 05:14:37 PM	Approved

Document Release

Name/Signature	Title	Date	Meaning/Reason
Amy McKoy (ACM93)	Document Control Specialist	30 Jun 2025, 05:54:47 PM	Approved