

STEM CELL LABORATORY (STCL)



DOCUMENT NUMBER: FLOW-FORM-012		
DOCUMENT TITLE:		
Graft Characterization		
DOCUMENT NOTES:		
Document Information		
Revision: 01	Vault: FLOW-Form-rel	
Status: Release	Document Type: FLOW FORM	
Date Information		
Creation Date: 28 Aug 2012	Release Date: 04 Sep 2012	
Effective Date: 04 Sep 2012	Expiration Date:	
Control Information		
Author: MGREESE	Owner: MGREESE	
Previous Number: None	Change Number: STCL-CCR-055	



BAR CODE LABEL



FLOW-FORM-012 Graft Characterization

А.	Via	DIE CD34+				1 /		
	1.	Date of acquisiti	ion:		***************************************	mm / L	/	уууу
	2.	Viable CD34+ %	of viable CD45+Ev	ents:		•		,,,,
	3.	Viable CD34+ c	ell concentration	(cells per µL):			•	
	4.	Total viable CD34	1+ cells in collection	η:		No manual entr	(x 10³) y₁required	
B.	Lyn	nphocyte Popula	ation				(x 10 ³))	
	5.	Hematology and	alyzer WBC/µl			No manual enu	y required	
	6.	Record % lymph	nocytes of CD45-	+ (CD3/CD16 & 56	/CD19/CD45 or equ	ıivalent):	•	
	7.	a. Total CD45+	events acquired	(CD3/CD4/CD8/CI	D45 or equivalent): .			
		b. Total lymphod	cyte events acqui	red (CD3/CD4/CD	8/CD45 or equivale	nt):		
	8.	CD3+ T-cells: (C	CD3/CD4/CD8/CI	045 or equivalent)				
			DD3+ Events Acquired	% of CD45+ Events	# CD3+ Cells per μL	Total CD3+ 0 in Collectio		
				le f			x 10)/	
	9.	CD4 and CD8: (Record % of cell	s per quadrant in t	he CD3+ gate to on	e decimal place))	
		CD4+/CD8-	CD4-/CD8+	CD4+/CD8+	Total CD4+ Cells in Collection	Total CD8+ Cells in Collection	Total CD4-/CE Cells in Collection	08-
		_			$(\times 10^3)$	(x 10 ³)	(x 1	0 ³)



BAR CODE LABEL



10. CD45+ subpopulations: (CD3/CD16 & 56/CD45/CD19 or equivalent)

Record % of cells per quadrant in the lymphocyte gate to one decimal place):

	CD19+/CD56- CD16-	CD19-/CD56+ CD16+	CD19+/CD56+ CD16+
	•_	•_	•_
Total CD19+ cells in collection	(x 10 ³)	Total CD16+ 56+ cells in collection:	(x 10°)
11. Record analyzer's la	boratory certification number:		
C. Colony Assay Results			
12. Total CFU-GM:	• x 10 ⁵		
13. Total CFU-GEMM:	• x 10 ⁵		
14. Total BFU:	• x 10 ⁵		
15. Record colony assa	y analyzer's certification numbe	er:	
Comments:			
		\$41,000 to	
Signature of Reviewer	Da	ate Study ID	;

Field	Requirements
1. Date of acquisition	mm field - require two digits between 01 and 12 • dd field - require two digits between 01 and 31, correlate to month and year to prohibit logical inconsistencies (e.g., do not allow entry of November 31 or February 29 in non-leap years) • yyyy field - require four digits
2. Viable CD34+ % of viable CD45+Events	Record flow cytometry result of testing to 2 decimal places.
3. Viable CD34+ (cells per μL)	Record the flow cytometry result of testing to 2 decimal places.
4. Total viable CD34+ cells in collection	This value will auto-calculate and fill the field using the product volume (pulled from processing form) multiplied by the viable CD34+ cells/ µL value recorded in 3 above.
Lymphocyte Population	
5. Hematology analyzer WBC/μl	The WBC/µl value auto fills from the processing form associated with the product bar code.
6. % lymphocytes of CD45+ cells	Record % of lymphocytes of CD45+ cells resulting from analysis of CD3/CD16 and 56/CD19/CD45 or equivalent
7. a. Total CD45+ events acquired	Enter CD45+ and lymphocyte event counts resulting from analysis of CD3/CD16 and 56/CD19/CD45 or equivalent
b. Total lymphocyte events acquired 8. CD3+ T-cells	Enter the number of CD3+ events in the T-cell gate into the designated field. The %, per microliter, and total CD3+ T-cells will automatically calculate.
9. CD4 and CD8:	Record % of cells per quadrant in the CD3+ gate (to one decimal place) in the designated fields. The total CD4 and CD8+ T-cells will automatically calculate.
10. CD45+ subpopulations: (CD3/CD16 & 56/CD45/CD19 or equivalent)	Record % of cells per quadrant in the lymphocyte gate (to one decimal place) in the designated fields. The total CD19 and NK cells will automatically calculate.
11. Analyzer's laboratory certification number	Enter certification number for analyzer
Colony Assay Results	
12. Total CFU-GM	Enter total CFU-GM x 10 ⁵
13. Total CFU-GEMM	Enter total CFU-GEMM x 10 ⁵
14. Total BFU	Enter total BFU x 10°
15. Colony assay analyzer's certification number	Enter certification number for assay analyzer
Signature Date Study ID	Signature of staff reviewing form for completeness, date and four digit study ID number

Signature Manifest

Document Number: FLOW-FORM-012

Title: Graft Characterization

Revision: 01

FLOW-FORM-012 Graft Characterization

Author Approval

Name/Signature	Title	Date	Meaning/Reason
Melissa Reese (MGREESE)	PRODUCTION AND CONTRACTOR AND	30 Aug 2012, 06:07:26 PM	Approved

Manager Approval

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		04 Sep 2012, 12:31:23 PM	Approved

Medical Director Approval

Name/Signature	Title	Date	Meaning/Reason
Joanne Kurtzberg (KURTZ001)		04 Sep 2012, 02:28:50 PM	Approved

QA Approval

Name/Signature	Title	Date	Meaning/Reason
Linda Sledge (SLEDG006)		04 Sep 2012, 02:50:38 PM	Approved

Document Release

Name/Signature	Title	Date	Meaning/Reason
Sandy Mulligan (MULLI026)		04 Sep 2012, 03:47:20 PM	Approved

Notification

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		04 Sep 2012, 03:47:21 PM	Email Sent
System Administrator (SYSADMIN)		04 Sep 2012, 03:47:21 PM	Email Sent
Linda Sledge (SLEDG006)		04 Sep 2012, 03:47:21 PM	Email Sent
Sharon Hartis (SH259)		04 Sep 2012, 03:47:21 PM	Email Sent
Melissa Reese (MGREESE)		04 Sep 2012, 03:47:21 PM	Email Sent