



## STEM CELL LABORATORY (STCL)



**DOCUMENT NUMBER:** STCL-FORM-031

**DOCUMENT TITLE:**

Form 70 SCT Proficiency Survey Review

**DOCUMENT NOTES:**

Initial Release to MasterControl

### Document Information

**Revision:** 01

**Vault:** STCL-Form-rel

**Status:** Release

**Document Type:** STCL FORM

### Date Information

**Creation Date:** 02 May 2011

**Release Date:** 03 May 2011

**Effective Date:** 03 May 2011

**Expiration Date:**

### Control Information

**Author:** WATE02

**Owner:** WATE02

**Previous Number:** 8B.612.01 \(\FRM 70\)

**Change Number:**

**STEM CELL LABORATORY  
DUKE UNIVERSITY MEDICAL CENTER  
2400 PRATT STREET, SUITE 1300  
DURHAM, NC 27705  
(919) 668-1174**

**SCT Proficiency Survey Review**

**SURVEY SET** \_\_\_\_\_

**DATE RECEIVED** \_\_\_\_\_

**TIME RECEIVED** \_\_\_\_\_

**STORAGE LOCATION** (If samples NOT tested immediately): \_\_\_\_\_

**TECH STORING SAMPLES BEFORE ANALYSIS:** \_\_\_\_\_

**PT TESTING PERFORMED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DATE RESULTS DUE to SCT:** \_\_\_\_\_

**DATE RESULTS SUBMITTED TO SCT:** \_\_\_\_\_

(SCT = Stem Cell Technologies for HPC Surveys)

**DATE RESULTS REVIEWED** \_\_\_\_\_

**COMMENTS** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STEM CELL LABORATORY  
DUKE UNIVERSITY MEDICAL CENTER  
2400 PRATT STREET, SUITE 1300  
DURHAM, NC 27705  
(919) 668-1174**

**SCT Proficiency Survey Review -EXAMPLE**

**SURVEY SET** Fresh CB Winter 2009

**DATE RECEIVED** 12/02/2009

**TIME RECEIVED** 12:00

**STORAGE LOCATION** (If samples NOT tested immediately): HPC/Flow Refrigerator

**TECH STORING SAMPLES BEFORE ANALYSIS:** Busy Bee, MT

**PT TESTING PERFORMED BY:** SA / MR-L **DATE:** 12/02/2009

**DATE RESULTS DUE to SCT:** 01/04/2010

**DATE RESULTS SUBMITTED TO SCT:** 12/28/2009

(SCT = Stem Cell Technologies for HPC Surveys)

**DATE RESULTS REVIEWED** 12/27/2009

**COMMENTS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature Manifest****Document Number:** STCL-FORM-031**Revision:** 01**Title:** Form 70 SCT Proficiency Survey Review**STCL-FORM-031 Form 70 SCT Proficien****Author Approval**

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		02 May 2011, 03:46:27 PM	Approved
Janet Celko (CELKOJ)			

**Manager Approval**

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		02 May 2011, 03:46:46 PM	Approved

**Medical Director Approval**

Name/Signature	Title	Date	Meaning/Reason
Joanne Kurtzberg (KURTZ001)		02 May 2011, 04:08:50 PM	Approved

**QA Approval**

Name/Signature	Title	Date	Meaning/Reason
Linda Sledge (SLEDG006)	Quality Manager	02 May 2011, 04:42:29 PM	Approved

**Notification**

Name/Signature	Title	Date	Meaning/Reason
Janet Celko (CELKOJ)		02 May 2011, 04:42:29 PM	Email Sent
Barbara Waters-Pick (WATE02)		02 May 2011, 04:42:29 PM	Email Sent
System Administrator (SYSADMIN)		02 May 2011, 04:42:29 PM	Email Sent
Linda Sledge (SLEDG006)	Quality Manager	02 May 2011, 04:42:29 PM	Email Sent
Sandy Mulligan (MULLI026)		02 May 2011, 04:42:29 PM	Email Sent