



# STEM CELL LABORATORY (STCL)



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**DOCUMENT TITLE:**

CAP Survey Review

**DOCUMENT NOTES:**

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## Document Information

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## Control Information

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(919) 668-1170 or (919) 668-1175**

**CAP SURVEY REVIEW**

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

**SURVEY TYPE: (Check ONE)**

☐ **ABO/RH**   ☐ **Flow**   ☐ **Hematology**   ☐ **SCP**   ☐ **BCS**   ☐ **OTHER** \_\_\_\_\_

**DATE RECEIVED:** \_\_\_\_\_ **TIME RECEIVED:** \_\_\_\_\_

**STORAGE LOCATION:** \_\_\_\_\_ **Rees Input #** \_\_\_\_\_  
(Complete if samples NOT tested immediately or enter N/A (*Not Applicable*) if samples tested immediately)

**TECH STORING SAMPLES:** \_\_\_\_\_  
(Complete if samples NOT tested immediately or enter N/A (*Not Applicable*) if samples tested immediately)

**DATE RESULTS ARE DUE TO CAP:** \_\_\_\_\_

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

**(CAP = College of American Pathologists)**

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

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

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

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

**\*\*\*\*\* It is the responsibility of the technologists who performed testing of the CAP Survey to make sure the results have been electronically submitted to the CAP by the designated due date\*\*\*\*\***

STCL-FORM-030 CAP SURVEY REVIEW FORM  
Stem Cell Laboratory-DUMC  
Durham, NC

**Signature Manifest****Document Number:** STCL-FORM-030**Revision:** 02**Title:** CAP Survey Review

All dates and times are in Eastern Time.

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**Document Release**

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