



STEM CELL LABORATORY (STCL)



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Bone Marrow Harvest Quality Assurance Sheet

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STCL-FORM-037
BONE MARROW HARVEST QUALITY ASSURANCE SHEET

Harvest Date:
Transplant Type: AUTO _____
ALLO _____

Barcode

Donor's Name:	Recipient's Name:
Donor's History #:	Recipient's History #:
Donor's Diagnosis:	Recipient's Diagnosis:
Donor's ABO Type:	Recipient's ABO Type:
Donor's Weight:	Recipient's Weight:
Donor's Blood Counts: Hgb _____, Hct _____, Plts _____, MCV _____, WBC _____, S _____, B _____, L _____ VL _____, Mono _____, Eos _____, Other _____	

Donor = Individual undergoing harvest

MATERIAL	SIZE	NUMBER USED	TOTAL mL USED	LOT #	EXPIRATION DATE
BM Aspiration Kit (BioAccess)	Not Applicable				
Plasma-Lyte A Injection	500mL/ bag	#1			
		#2			
Preservative free Heparin	1000 units/mL				
BM Harvest Needles (Lee Lock)	15 G - 2"				
	13 G - 3½ "				
	11 G - 4"				
Spinal Needles					
Other					

After obtaining _____ mL of bone marrow, a QC sample (~10 mL) will be removed and sent to the STCL for QC testing. The total amount of bone marrow removed during the harvest procedure was _____ mL. The total amount of Plasmalyte-A media used was _____ mL. The total amount of preservative free heparin used was _____ mL. The total volume in this bag is _____ mL.

Start time of BMH Procedure: _____ **AM/PM** End time of BMH Procedure: _____ **AM/PM**

_____ MD _____ NP
 Doctor's signature / Pager # NP's signature / Pager #

Instructions for Completing Form

Date	Record date of harvest
Type of transplant	Check if auto(logous) or allo(geneic).
Barcode.	Place ISBT barcode in designated location
Donor's name, history number, diagnosis, ABO type, weight and blood counts.	Enter all required information.
Recipient's name, history number, diagnosis, ABO type, weight.	Enter all required information.
Number Used	Enter the number of each item listed.
Total mL	Enter total mL used of solutions.
Lot Number and expiration date	Enter the lot number and expiration date of all supplies used.
Enter the amount of marrow obtained and the amount of additives added to marrow.	Enter the amount of marrow obtained and the amount of additives added to the marrow.
Start time of BMH Procedure, End time of BMH Procedure	Enter the start and end time of the bone marrow harvest procedure
Signature/Date	The MD and/or NP will sign the form and include pager #s.

Signature Manifest**Document Number:** STCL-FORM-037**Revision:** 02**Title:** Bone Marrow Harvest Quality Assurance Sheet

All dates and times are in Eastern Time.

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Document Release

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