STEM CELL LABORATORY (STCL)

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Cellular Product Distribution Form for Cooler

DOCUMENT NOTES:

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Control Information

Author: WATE02	**Owner:** WATE02
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Cellular Product Distribution Form for Cooler: (Check ONE)

☐ **N5100, Duke North Hospital, Erwin Road, Durham, NC 27705 (5th Floor)**
Contact Person: Charge Nurse
Phone #: 919-681-5141

☐ **N5200, Duke North Hospital, Erwin Road, Durham, NC 27705 (5th Floor)**
Contact Person: Charge Nurse
Phone #: 919-681-5241

☐ **N9200, Duke North Hospital, Erwin Road, Durham, NC 27705 (9th Floor)**
Contact Person: Charge Nurse
Phone #: 919-681-9241

☐ **CHC, Children's Heath Center, Erwin Road, Durham, NC 27705 (4th Floor)**
Contact Person: Charge Nurse
Phone #: 919-668-4490

☐ **ABMT Clinic, 2400 Pratt Street, Suite 1100, Durham, NC 27705**
Contact Person: Charge Nurse
Phone #: 919-681-9241

☐ **Other Location's Address:** _____
Contact Person's Name: _____
Phone #: _____

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STCL, DUMC
Durham, NC

Cellular Product Distribution Form for Cooler: (Check ONE)

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Signature Manifest

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Title: Cellular Product Distribution Form for Cooler

STCL-FORM-042 Cell Product Dist FRM

Author Approval

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		19 Dec 2012, 03:47:40 PM	Approved

Manager Approval

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		19 Dec 2012, 03:49:36 PM	Approved

Medical Director Approval

Name/Signature	Title	Date	Meaning/Reason
Joanne Kurtzberg (KURTZ001)		19 Dec 2012, 04:14:25 PM	Approved

QA Approval

Name/Signature	Title	Date	Meaning/Reason
Linda Sledge (SLEDG006)		19 Dec 2012, 04:33:38 PM	Approved

Document Release

Name/Signature	Title	Date	Meaning/Reason
Sandy Mulligan (MULLI026)		21 Dec 2012, 10:58:10 AM	Approved

Notification

Name/Signature	Title	Date	Meaning/Reason
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Sharon Hartis (SH259)		21 Dec 2012, 10:58:10 AM	Email Sent
Linda Sledge (SLEDG006)		21 Dec 2012, 10:58:10 AM	Email Sent
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