



# STEM CELL LABORATORY (STCL)



**DOCUMENT NUMBER:** STCL-FORM-054

**DOCUMENT TITLE:**

LN2 Freezer Vial Storage Grid

**DOCUMENT NOTES:**

## Document Information

**Revision:** 01

**Vault:** STCL-Form-rel

**Status:** Release

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## Date Information

**Creation Date:** 30 Sep 2013

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## Control Information

**Author:** WATE02

**Owner:** WATE02

**Previous Number:** None

**Change Number:** STCL-CCR-141

**STCL-FORM-054**  
**LN2 Freezer Vial Storage Grid**

Freezer # \_\_\_\_\_ Tower \_\_\_\_\_ Box \_\_\_\_\_

<b>A</b>								
<b>B</b>								
<b>C</b>								
<b>D</b>								
<b>E</b>								
<b>F</b>								
<b>G</b>								
<b>H</b>								
<b>I</b>								

Please DO NOT leave empty spaces in the box.

### Instructions for Completing LN2 Freezer Vial Storage Grid

Field	Requirements
Freezer #	Enter the freezer # (ie. VF4, TW-40K-1, F18, etc.) and/or the serial # (when appropriate) to identify the <b>freezer</b> that has been designated to store the samples listed on the 81-place grid.
Tower	Enter the number assigned to the designated <b>tower</b> containing the box in which the samples, listed on the 81-place grid, have been stored.
Box	Enter the number assigned to the designated <b>box</b> used to store the samples listed on the 81-place grid.
Row	To the LEFT of the 1 <sup>st</sup> column, the ROW is assigned a letter (A, B, C, D, E, F, G, H, I).
Sample Identification Information	Write the patient name, history #, date, product type (ie. PSC # 1, BMH, etc.) and/or place an ISBT barcode (if appropriate) on the appropriate space(s) identifying the storage location(s) of the samples being stored. Also include NMDP Donor #, etc., when freezing allogeneic products.
Recording storage locations of vials on the processing worksheets	On processing worksheets (or other applicable documents), record the Freezer #, Box, and Row (Example: TW-40K-1, Box 12H).

**Signature Manifest****Document Number:** STCL-FORM-054**Revision:** 01**Title:** LN2 Freezer Vial Storage Grid

All dates and times are in Eastern Time.

**STCL-FORM-054 LN2 Freezer Vial Storage Grid****Author Approval**

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**Medical Director Approval**

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**QA Approval**

Name/Signature	Title	Date	Meaning/Reason
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**Document Release**

Name/Signature	Title	Date	Meaning/Reason
Sandy Mulligan (MULLI026)		18 Oct 2013, 08:41:41 AM	Approved