



## STEM CELL LABORATORY (STCL)



**DOCUMENT NUMBER:** STCL-FORM-055

**DOCUMENT TITLE:**

Control Rate Freezer Canister and Vial Storage Log

**DOCUMENT NOTES:**

### Document Information

**Revision:** 02

**Vault:** STCL-Form-rel

**Status:** Release

**Document Type:** STCL FORM

### Date Information

**Creation Date:** 21 May 2019

**Release Date:** 07 Jun 2019

**Effective Date:** 07 Jun 2019

**Expiration Date:**

### Control Information

**Author:** WATE02

**Owner:** WATE02

**Previous Number:** STCL-FORM-055 Rev 01

**Change Number:** STCL-CCR-459

## STCL-FORM-055

### Control Rate Freezer Canister and Vial Storage Log

Date Frozen	CRF Freezer #	Time IN CRF / Tech Initials	Time OUT CRF / Tech Initials	Patient Name, History Number, and/or other appropriate labels	LN2 Freezer Vial Storage Locations	LN2 Freezer Canister Storage Locations
					#Vials: _____ Freezer#: _____ Box: _____	Freezer# : _____ Racks/Canisters: A: _____ F: _____ B: _____ G: _____ C: _____ H: _____ D: _____ I: _____ E: _____ J: _____
					#Vials: _____ Freezer#: _____ Box: _____	Freezer# : _____ Racks/Canisters: A: _____ F: _____ B: _____ G: _____ C: _____ H: _____ D: _____ I: _____ E: _____ J: _____
					#Vials: _____ Freezer#: _____ Box: _____	Freezer# : _____ Racks/Canisters: A: _____ F: _____ B: _____ G: _____ C: _____ H: _____ D: _____ I: _____ E: _____ J: _____
					#Vials: _____ Freezer#: _____ Box: _____	Freezer# : _____ Racks/Canisters: A: _____ F: _____ B: _____ G: _____ C: _____ H: _____ D: _____ I: _____ E: _____ J: _____
					#Vials: _____ Freezer#: _____ Box: _____	Freezer# : _____ Racks/Canisters: A: _____ F: _____ B: _____ G: _____ C: _____ H: _____ D: _____ I: _____ E: _____ J: _____
					#Vials: _____ Freezer#: _____ Box: _____	Freezer# : _____ Racks/Canisters: A: _____ F: _____ B: _____ G: _____ C: _____ H: _____ D: _____ I: _____ E: _____ J: _____

N/A = NOT APPLICABLE

## Instructions for Completing Control Rate Freezer Canister and Vial Storage Log

Field	Requirements
Date Frozen	Record the date the products were cryopreserved.
CRF #	Record the last three digits of the serial # of the control rate freezer that was used to cryopreserve the products. (Example: CRF # = 154 or 155)
Time IN CRF / tech initials	Record the time <u>and</u> the initials of the technologist who placed the products IN the CRF (control rate freezer).
Time OUT CRF / tech initials	Record the time <u>and</u> the initials of the technologist who took the products OUT from the CRF (control rate freezer).
Patient Name, History Number and/or other appropriate labels	Record the patient's name, patient's history #, <u>and/or</u> any/all appropriate labels (barcodes) to identify the products that were cryopreserved.
LN2 Freezer Vial Storage Locations	Record the locations to reflect where the vials were stored.
LN2 Freezer Canister Storage Locations	Record the locations to reflect where the cryobags were stored. Include the freezer #, the rack #s, and canisters #s. (Example: VF4, 210 A, 210 B, 210 C, 210 D represents the following: Freezer = VF4, Racks = 210, Canisters (for each rack) = A, B, C, D.
N/A (if applicable)  <ul style="list-style-type: none"> <li>Bag # 1 is located in TW40K # 5 Rack 210, Canister C</li> <li>Bag # 2 is located in TW40K # 5 Rack 210, Canister D</li> <li>Bag # 3 is located in TW40K # 5 Rack 211, Canister E</li> <li>Bag # 4 is located in TW40K # 5 Rack 213, Canister B</li> <li>Bag # 5 is located in TW40K # 5 Rack 215, Canister C</li> <li>Bag # 6 is located in TW40K # 5 Rack 217, Canister A</li> <li>Bag # 7 is located in TW40K # 5 Rack 240, Canister A</li> <li>Bag # 8 is located in TW40K # 5 Rack 240, Canister B</li> </ul> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; width: fit-content;">             Bags A-J (10 bags)           </div>	Enter N/A (Not Applicable) in any field that isn't needed  <p style="text-align: center;"><b>Example:</b></p> Freezer# : <u>TW40K # 5</u> Racks/Canisters: A: <u>210 C</u> F: <u>217 A</u> B: <u>210 D</u> G: <u>240 A</u> C: <u>211 E</u> H: <u>240 B</u> D: <u>213 B</u> I: <u>N/A</u> E: <u>215 C</u> J: <u>N/A</u> <b>NOTE:</b> (Racks = 210, 211, 213, 215, 217, and 240) (Canisters = A, B, C, D, E (for respective racks))

**Signature Manifest****Document Number:** STCL-FORM-055**Revision:** 02**Title:** Control Rate Freezer Canister and Vial Storage Log

All dates and times are in Eastern Time.

**STCL-FORM-055 Control Rate Freezer Canister and Vial Storage Log****Author**

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		23 May 2019, 08:27:51 PM	Approved

**Management**

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		23 May 2019, 08:28:02 PM	Approved

**Medical Director**

Name/Signature	Title	Date	Meaning/Reason
Joanne Kurtzberg (KURTZ001)		24 May 2019, 08:40:37 AM	Approved

**Quality**

Name/Signature	Title	Date	Meaning/Reason
Bing Shen (BS76)			
Lisa Eddinger (LE42)			
Taylor Orr (TSO4)			
Richard Bryant (RB232)		24 May 2019, 03:08:43 PM	Approved

**Document Release**

Name/Signature	Title	Date	Meaning/Reason
Sandy Mulligan (MULLI026)		24 May 2019, 04:48:38 PM	Approved