



STEM CELL LABORATORY (STCL)



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DOCUMENT TITLE:

Packing Information

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Document Information

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Control Information

Author: WATE02

Owner: WATE02

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PACKING INFORMATION

Stem Cell Laboratory
2400 Pratt Street, Suite 1300
Durham, NC 27705
Main Phone #: (919) 668-1177
Main Fax #: (919) 668-1185

Stem Cell Laboratory Instructions: Complete all information below. Then fax this form to the requesting Transplant Center **AND** include a copy with the shipped cellular product(s).

Shipping to: _____ Phone#: _____

Contact Person's Name: _____ Fax#: _____

This dry shipper contains frozen cryopreserved cellular products for the following patient: _____ (Patient's Name), DOB: _____

Contents of Dry Shipper: (1) _____ (2) _____ (3) _____
(4) _____ (5) _____ (6) _____

Cellular Product Canister Type and Size _____

Accompanying Paperwork:

Informational sheet containing cell counts, etc. for products shipped.

Name of Laboratory Supplying Cellular Products: Stem Cell Laboratory, DUKE

Location of Laboratory Supplying Products:
2400 Pratt Street, Suite 1300, Durham, NC 27705

Dry Shipper # _____ Combination Lock #: _____ Ship's Log Serial #: _____

Federal Express Tracking #: _____

For questions, contact:

Stem Cell Laboratory Contact: Barbara Waters-Pick, Laboratory Manager
Phone #: 919-668-1178 Fax #: 919-684-1555

Alternate Stem Cell Lab Contact: Tiffany Hawkins
Phone #: 919-668-1170 Fax #: 919-668-1185

Please return the dry shipper immediately upon arrival to ensure that it is received back in the Stem Cell Laboratory the next day to ensure that there are no delays in shipping other transplant products.

Signature Manifest**Document Number:** STCL-FORM-057**Revision:** 02**Title:** Packing Information

All dates and times are in Eastern Time.

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Document Release

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