



STEM CELL LABORATORY (STCL)



DOCUMENT NUMBER: STCL-FORM-058

DOCUMENT TITLE:

Receipt of Cellular Products

DOCUMENT NOTES:

Document Information

Revision: 01

Vault: STCL-Form-rel

Status: Release

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Release Date: 07 Jul 2014

Effective Date: 07 Jul 2014

Expiration Date:

Control Information

Author: WATE02

Owner: WATE02

Previous Number: None

Change Number: STCL-CCR-217

Stem Cell Laboratory
Duke University Medical Center
2400 Pratt Street, Suite 1300, Durham, North Carolina 27705

Receipt of Cellular Products

Recipient's Name: _____
Recipient's Duke History #: _____
Recipient's DOB: _____

Arrival of Dry Shipper at Transplant Center

Date: _____ Time: _____ ☐ am ☐ pm

Dry shipper seal intact upon arrival? ☐ Yes ☐ No

Opening of Dry Shipper and Removal of Cellular Product at the Transplant Center

Date: _____ Time: _____ ☐ am ☐ pm

Dry shipper unpacked by: _____

Weight of Dry shipper (optional): _____ kg

☐ **Internal Data Logger Used (CHECK if applicable)**
Indicate internal data logger reading: _____ Normal _____ Alarm (check ONE)

Record probe temperature below if no temperature monitoring device was provided, if internal data logger was in alarm mode, not eye readable, or warmer than -150°C. The temperature should be taken at the position in which the cellular product is located inside the shipper using a NIST calibrated thermometer.

Probe temperature: _____ °C **Probe thermometer identification number:** _____
Temperature read by: _____

Notify the Stem Cell Laboratory at Duke University Medical Center if the manual temperature is warmer than is required for the cellular products included in the shipment (See labeling information provided by the collection facility and/or the *Circular of Information*).

Inspection of Cellular Products

Appearance of Cellular Product bag (s)? ☐ Good/intact ☐ Poor/Compromised

Cellular product's information matches request and accompanying documentation? ☐ Yes ☐ No

Cellular Product(s) Inspected by: _____

Form Completed by: _____ ☐ TC Coordinator ☐ Stem Cell Lab or Blood Bank Staff ☐ Other

Comments: _____

If problems arise, contact the Stem Cell Laboratory Manager via phone number 1-919-668-1178 or After hours (emergency) via pager # 1-919-970-2751. If you are calling the pager, be sure to leave the area code + entire phone # (including extension, if applicable).

Please fax this completed form to:

Stem Cell Laboratory c/o Barbara Waters-Pick, Manager Fax #: 1-919-684-1555

STCL-FORM-058 Receipt of Cellular Products
Stem Cell Laboratory, DUMC
Durham, NC

Signature Manifest**Document Number:** STCL-FORM-058**Revision:** 01**Title:** Receipt of Cellular Products

All dates and times are in Eastern Time.

STCL-FORM-058 Receipt of Cellular Products**Author**

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Document Release

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