



STEM CELL LABORATORY (STCL)



DOCUMENT NUMBER: STCL-FORM-059

DOCUMENT TITLE:

Cellular Product Summary

DOCUMENT NOTES:

Document Information

Revision: 01

Vault: STCL-Form-rel

Status: Release

Document Type: STCL FORM

Date Information

Creation Date: 02 Jul 2014

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-216

**Stem Cell Laboratory
Duke University Medical Center
2400 Pratt Street, Suite 1300
Durham, North Carolina 27705
Phone : (919)668-1177
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Cellular Product Summary

This dry shipper contains human progenitor stem cells from the following patient:
_____, which were processed by the Stem Cell Laboratory at
Duke University Medical Center on (date) _____.

If you have any questions regarding this product, please call (1) the Stem Cell Laboratory at (919) 668-1170 (Ann Kaestner or Tiffany Hawkins) or (2) Barbara Waters-Pick, Laboratory Manager at (919) 668-1178 or pager # (919) 970-2751. If calling the pager, you will be prompted by the recording to enter a callback number (include area code + phone number) where you can be reached, then to hang up.

Patient's Name: _____
Duke History #: _____
Type of Product: _____
Date of Harvest: _____
Date of cryopreservation: _____
Date of shipment: _____

The source of the cellular product *(Check Applicable)*:

_____ Autologous bone marrow
_____ Allogeneic bone marrow (Donor identification #: _____)
_____ Autologous peripheral blood progenitor cells
_____ Allogeneic peripheral blood progenitor cells (Donor identification #: _____)
_____ Related umbilical cord blood
_____ Unrelated umbilical cord blood (Donor identification #: _____)

1. Upon receipt of this product:

- a) Complete Receipt of Cellular Products form and fax back to shipper.
- b) Call the Stem Cell Laboratory Manager to confirm the arrival of the product in satisfactory condition at (919) 668-1178.
- c) Immediately remove the product from the dry shipper and place in a designated liquid nitrogen freezer at your facility until date of infusion.

2. Product information:

- a) Cell count: _____ per ml
- b) Cell count: _____ per kg (time product processed)

c) Phenotype: Antigen	% Positive		

3. Hematopoietic progenitor cell assays (colonies per 100,000 cells)

CFU-GM			
CFU-GEMM			
BFU-E			

4. Number of bags shipped: _____

Total volume/bag: _____

Cells alone: _____

DMSO: _____

TC199 tissue media: _____

Plasma: _____

5. Aerobic culture results: _____**Anaerobic culture results:** _____**6. Return of dry shipper to the Stem Cell Laboratory:**

The dry shipper should be returned immediately upon receipt, along with the accompanying canister(s) housing the product(s) you received. Because the shipper holds the liquid nitrogen in an absorbent material, no special labeling for "liquid nitrogen" is required. Please send the shipper back to us via Federal Express priority overnight delivery. Be sure to lock the lid of the shipper before shipping it back to us. We can not stress how important the immediate return of the shipper is to our program. Late return may compromise shipping dates for another patient's product(s). If there are any questions, please contact us immediately. Thank you, in advance, for your cooperation.

7. This shipper was sealed and shipped by:_____
(Print name of person sending shipper)_____
(Signature of person sending shipper)_____
(Print name of physician authorizing shipment)_____
(Signature of physician authorizing shipment)

Date of Shipment: _____

Signature Manifest**Document Number:** STCL-FORM-059**Revision:** 01**Title:** Cellular Product Summary

All dates and times are in Eastern Time.

STCL-FORM-059 Cellular Product Summary**Author**

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Document Release

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