

STEM CELL LABORATORY (STCL)



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Stem Cell Laboratory, Duke University Medical Center CHECKLIST for Shipping Cryopreserved Cellular Products from STCL

Date: _____

Affix Barcode #

(if applicable)

ITEM	CHECK	STCL STAFF ID
Confirm that a Circular of Information has been included in the	[]	STOLISHINI ID
shipment to be used as a reference by the Transplant Facility (TF).		
•		
Confirm that a validated "dry shipper" is available and charged	[]	
0 8000		(2000-00)
Make arrangements with Federal Express and the receiving	[]	
transplant center for pick-up and delivery and include a Fed Ex air		Williams College (St. 1992) (1992) (1992) (1992)
bill for return of the dry shipper to Duke University Medical Center,		
Stem Cell Laboratory.		
Complete the Packing Information Sheet which includes the Federal	[]	
Express air bill #, combination lock#, etc. and fax to TF.		
EAV convert Dealing Information Short to account Towns Information	F 3	
FAX copy of Packing Information Sheet to receiver at Transplant	[]	
Center before shipment. Obtain fax confirmation sheet for records.		
Complete all documents (reflected below) and provide copies of the	[]	
source documentation to include: cell count tapes, viability, sterility,	LJ	
CD34 testing, CFU (if applicable), copy of freezing graph, lot #		
worksheet, processing worksheet, summary of donor eligibility, etc.		
Send the information in an envelope taped to the inside lid of the dry		
shipper to accompany the product to the transplant center.		
	3	
Identification of the cellular products must be verified by two (2)	[]	
STCL staff members.		
Activate Ship's Log (Serial #:)	[]	And the second
NOTE: A copy of the temperature tracing from the shipment should be provided to the transplant facility upon return of the dry shipper to Duke University Medical Center.		
The state of the s	-	10
Return patient file folder and all above forms to the Lab Manager or	[]	
designee		

- STCL-FORM-057 Packing Information
- STCL-FORM-058 Receipt of Cellular Products
- STCL-FORM-059 Cellular Production Summary
- Copy of signed STCL-FORM-060 Inter-institutional Physician's Agreement Request to Transfer Patient Product
- Circular of Information

STCL-FORM-061 Checklist for Shipping Cryopreserved Cellular Products from STCL Stem Cell Laboratory, DUMC Durham, NC

Signature Manifest

Document Number: STCL-FORM-061

Revision: 01

Title: Checklist for Shipping Cryopreserved Cellular Products from STCL

All dates and times are in Eastern Time.

STCL-FORM-061 Checklist for Shipping Cryopreserved Cellular Products from STCL

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Medical Director

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Quality

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Document Release

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