



STEM CELL LABORATORY (STCL)



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DOCUMENT TITLE:

Stem Cell Laboratory Processing Order Form

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Control Information

Author: WATE02

Owner: WATE02

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Stem Cell Laboratory
Duke University Medical Center
2400 Pratt Street, Suite 1300
PO Box 3350, DUMC
Durham, NC 27705
(919) 668-1177

Stem Cell Laboratory Processing Order Form

Date(s) of Collection: ____/____/____ ____/____/____ ____/____/____ ____/____/____

Description of Product (*Check appropriate items*)

____ Bone Marrow ____ Peripheral Blood Progenitor Cells (PBPCs) ____ Granulocytes ____ Cord Blood (UCB)
____ Autologous ____ Allogeneic (*Specify type below*)
____ Matched related ____ Mismatched related ____ Matched unrelated

Donor Identification:

(Affix addressograph label if available)

Donor's Name: _____
Donor's History#: _____
Donor's DOB: _____
Donor's ABO/Rh: _____

Recipient Identification:

(Affix addressograph label if available)

Recipient's Name: _____
Recipient's History #: _____
Recipient's DOB: _____
Recipient's ABO/Rh: _____

Processing instructions:

- Process cells as per SOP; QC to include: cell count, viability (If < 85% viability pre-freeze, consult Medical Director or designee for processing instructions), differential, HPC assay, CD34 count, and bacterial cultures.
- Cryopreservation Needed: ____ Yes ____ No (**NOTE:** Freeze product in concentrations of $\leq 2 \times 10^8$ total nucleated cells/ml in LN2 (≤ -150 degrees Celsius) for cellular products collected from pediatric patients or $\leq 25 \times 10^9$ total nucleated cells/bag for cellular products collected from adult patients).
- Desired CD34+ target for transplant: ____ $\times 10^6$ CD34+ cells/kg (cumulative) (**NOTE:** If CD34+/kg target **NOT** achieved, notify medical director or designee for further instructions regarding the collection of additional cells, etc).

I request that the bone marrow, PBPCs, granulocytes, umbilical cord blood, etc. be processed as outlined above.

Requesting MD Signature: _____ Pager # _____ Date: ____/____/____

COMMENTS: _____

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Stem Cell Laboratory, DUMC
Durham, NC

Instructions for Completing Laboratory Processing Order Form

In the field...	Record...
Dates of Collection	Enter the tentative collection dates
Description of Product	Select product and specific type
Donor Identification (if applicable)	Enter donor demographics (if applicable)
Recipient Identification	Enter recipient demographics
Processing instructions – Cryopreservation needed?	Enter Yes or No regarding cryopreservation needed
Desired CD34+ target for transplant	Reflect the # of CD34+ cells/kg needed for transplant
Requesting MD Signature	MD signing the processing orders should sign here
Pager #	Pager # of MD signing the processing orders
Date	Date processing orders were signed
Comments	Enter any pertinent comments with regards to the processing orders specific to these orders

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 INSTRUCTIONS
 Stem Cell Laboratory, DUMC
 Durham, NC

Signature Manifest**Document Number:** STCL-FORM-062**Revision:** 03**Title:** Stem Cell Laboratory Processing Order Form

All dates and times are in Eastern Time.

STCL-FORM-062 Stem Cell Laboratory Processing Order Form**Author**

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		20 Jan 2015, 01:42:57 PM	Approved

Manager

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		20 Jan 2015, 01:43:30 PM	Approved

Medical Director

Name/Signature	Title	Date	Meaning/Reason
Joanne Kurtzberg (KURTZ001)		23 Jan 2015, 06:14:15 PM	Approved

Quality

Name/Signature	Title	Date	Meaning/Reason
John Carpenter (JPC27)		26 Jan 2015, 09:58:42 AM	Approved

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Name/Signature	Title	Date	Meaning/Reason
Sandy Mulligan (MULLI026)		27 Jan 2015, 05:35:59 PM	Approved