



STEM CELL LABORATORY (STCL)



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DOCUMENT TITLE:

Manual Differential Worksheet – Clinical Products

DOCUMENT NOTES:

Document Information

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Control Information

Author: WATE02

Owner: WATE02

Previous Number: None

Change Number: STCL-CCR-312

RECIPIENT'S NAME _____ DONOR'S NAME _____
 RECIPIENT'S DUKE HISTORY # _____ DONOR'S DUKE HISTORY # _____
 RECIPIENT'S BLOOD TYPE _____ DONOR'S BLOOD TYPE _____

(Check) ☐ PBPCs ☐ Bone Marrow ☐ DLI ☐ UCB ☐ Fresh ☐ Thawed ☐ Cytospin ☐ Slide
☐ Other _____

Bar Code

Manual 100-Cell Differential – (%) Percentage
 (NOTE: Record the # of cells counted below)

Blasts-----

Promyelocytes-----

Myelocytes-----

Metamyelocytes-----

Bands-----

Segmented Neutrophils--

Eosinophils-----

Basophils-----

Lymphocytes-----

Monocytes-----

Other (Specify) -----

Other (Specify) -----

Platelet Est / Morph? ☐ Yes ☐ No

PRE-PROCESSING (%) (Check) One <input type="checkbox"/> Performed <u>or</u> <input type="checkbox"/> N/A Record # of cells counted = _____	POST-PROCESSING (%) (Check) One <input type="checkbox"/> Performed <u>or</u> <input type="checkbox"/> N/A Record # of cells counted = _____
Plt Estimate _____ K Morphology OK? ____ Y ____ N Comment: _____	Plt Estimate _____ K Morphology OK? ____ Y ____ N Comment: _____

NRBCs _____ / _____ % Mononuclear cells * _____ / _____
 Pre Post
 * Mononuclear Cells = Blasts + Lymphocytes + Monocytes

 Technologist's signature

 Date

N/A = Not Applicable

INSTRUCTIONS

STCL-FORM-064 Manual Differential Worksheet – Clinical Products to be used when performing manual differentials on clinical products that are processed/prepared in the Stem Cell Laboratory)

Field	Requirement
Recipient / Donor information	Include Recipient and/or Donor information (as applicable).
Check appropriate selections	Make selections to include the type of product submitted, whether the sample is from a fresh versus frozen product, and cytospin vs. slide.
PRE-PROCESSING (%) (Check One) <input type="checkbox"/> Performed <u>or</u> <input type="checkbox"/> N/A Record # of cells counted = _____	Enter the raw count of each cell type and their respective percentage from the pre-processed product (when counting 100 cells). Do <u>NOT</u> include NRBCs in the 100 cell differential for clinical products. If manual differential was NOT performed on pre-processed product, check N/A. Record # of cells counted.
POST-PROCESSING (%) (Check One) <input type="checkbox"/> Performed <u>or</u> <input type="checkbox"/> N/A Record # of cells counted = _____	Enter the raw count of each cell type and their respective percentage for the post-processed product (when counting 100 cells). Do <u>NOT</u> include NRBCs in the 100 cell differential for clinical products. If manual differential was NOT performed on post-processed product, check N/A. Record # of cells counted.
Platelet Est / Morph? <input type="checkbox"/> Yes <input type="checkbox"/> No	If <u>YES</u> is checked, perform platelet estimate and morphology on the slide. <ul style="list-style-type: none"> • Platelet Estimate should be entered on the line provided (ie. 20,000 platelets = 20K) • Morphology OK? (Check) YES if morphology is OK; (Check) NO, if morphology is NOT normal and enter <u>Comment</u>. If <u>NO</u> is checked, leave fields blank as no platelet estimate or morphology check is being requested.
# NRBCs	Enter the raw # of NRBCs from the Pre-Processing fraction and/or the Post-Processing fraction (Pre # / Post #). (<u>REMINDER</u> : NRBCs should NOT be included in the 100-cell differential; count NRBCs separately while counting the 100-cell differential).
% Mononuclear Cells (MNCs)	Enter the raw # of MNCs from the Pre-Processing fraction and the Post-Processing fraction. The % MNCs is equal to the # of Blasts + Lymphs + Monos.

Signature Manifest**Document Number:** STCL-FORM-064**Revision:** 01**Title:** Manual Differential Worksheet – Clinical Products

All dates and times are in Eastern Time.

STCL-FORM-064 Manual Differential Worksheet – Clinical Products**Author**

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		25 Sep 2015, 08:23:53 PM	Approved

Manager

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		25 Sep 2015, 08:24:04 PM	Approved

Medical Director

Name/Signature	Title	Date	Meaning/Reason
Joanne Kurtzberg (KURTZ001)		28 Sep 2015, 04:58:39 PM	Approved

Quality

Name/Signature	Title	Date	Meaning/Reason
John Carpenter (JPC27)		29 Sep 2015, 11:19:17 AM	Approved

Document Release

Name/Signature	Title	Date	Meaning/Reason
Sandy Mulligan (MULLI026)		20 Oct 2015, 03:10:10 AM	Approved