



## STEM CELL LABORATORY (STCL)



**DOCUMENT NUMBER:** STCL-FORM-065

**DOCUMENT TITLE:**

Bone Marrow Harvest Worksheet

**DOCUMENT NOTES:**

### Document Information

**Revision:** 01

**Vault:** STCL-Form-rel

**Status:** Release

**Document Type:** STCL FORM

### Date Information

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### Control Information

**Author:** WATE02

**Owner:** WATE02

**Previous Number:** None

**Change Number:** STCL-CCR-313

Barcode

Recipient Name: \_\_\_\_\_ Donor Name: \_\_\_\_\_  
 Recipient History Number: \_\_\_\_\_ Donor History Number: \_\_\_\_\_  
 Recipient DOB: \_\_\_\_\_ Donor DOB: \_\_\_\_\_  
 Recipient ABO/Rh: \_\_\_\_\_ Donor ABO/Rh: \_\_\_\_\_

Date of Harvest: \_\_\_\_\_ Harvest Physician: \_\_\_\_\_  
 Protocol: \_\_\_\_\_ Diagnosis: \_\_\_\_\_  
 Patient's Weight: \_\_\_\_\_ Processed by: \_\_\_\_\_  
 Time received from OR: \_\_\_\_\_ Number of bags received: \_\_\_\_\_  
 Weight of bags (*grams*) 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ Combined wt. \_\_\_\_\_  
 Processing date: \_\_\_\_\_ ABO/Rh of product confirmed as \_\_\_\_\_ By: \_\_\_\_\_  
 N/A = *Not Applicable*

	CELL CNT. (x 10e6 /mL)	TOTAL VOLUME (mL)	TOTAL CELLS (x 10e9)	CELLS/KG ( x 10e8/kg)	HCT (%)	VIABILITY ( % )	CD34+ Cells/kg (x 10e6)
Mid-Count							
OR Bag							
Post Sepax 2 RM							
Post Plasma/Volume Reduction (Manual)							
Post RBC Reduction (Manual)							
Post Wash (Manual)							

DISPOSITION: (*Check*) \_\_\_\_\_ Immediate Reinfusion  
 \_\_\_\_\_ Cryopreservation (DATE of CRYO: \_\_\_\_\_ (HOF) \_\_\_\_\_ in \_\_\_\_\_ mins)

BAG#	FREEZER	RACK	CASSETTE	VOLUME
A				
B				
C				
D				
VIALS (Ficol)				
VIALS (Non-Ficol)				

I certify that all reagents and supplies used in the processing of this sample show no signs of contamination, irregularities, defects, or flaws. Date \_\_\_\_\_ Initials \_\_\_\_\_

I certify that all heat sealed tubing and all sterile welded tubing used in the processing of this sample exhibits no sign of leakage, irregularities, defects, or flaws. Date \_\_\_\_\_ Initials \_\_\_\_\_

I certify that the biological safety cabinet (BSC) used to prepare this cellular product was cleaned BEFORE and AFTER the procedure. Date \_\_\_\_\_ Initials \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Signature Manifest****Document Number:** STCL-FORM-065**Revision:** 01**Title:** Bone Marrow Harvest Worksheet

All dates and times are in Eastern Time.

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**Quality**

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John Carpenter (JPC27)		29 Sep 2015, 11:17:41 AM	Approved

**Document Release**

Name/Signature	Title	Date	Meaning/Reason
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