STEM CELL LABORATORY (STCL)

DOCUMENT NUMBER: STCL-FORM-066

DOCUMENT TITLE:

UCB Thaw (Infusion)

DOCUMENT NOTES:

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Checklist for Autologous or Directed Cord Blood Infusions

Recipient's Name_____ Recipient's History #_____
Recipient's Blood Type _____ Recipient's DOB_____
Diagnosis_____ Recipient's Sex _____

☐ *Allogeneic (Related/Directed) Check if section is **NOT** Applicable*

Donor's Name _____
Donor's History #_____
Donor's DOB: _____

Weight_____ Cord Blood Bank _____ CB ID# _____

☐ Date of UCB Thaw / Infusion _____
☐ # of UCB Vials thawed for infusion (if applicable) _____
☐ Type of bag provided for infusion (if applicable) **(Check ONE)**
- o Baxter bag
- o MedSep bag **(Check ONE)** (__ with 20/80 split __ without 20/80 split)
- o Other (Specify Type: _____)

Amount thawed for infusion:
__Baxter bag
__ MedSep bag **(Check ONE)**: ___20% fraction ___ 80% ____ Entire bag
__ Other (Specify: _____)

☐ Total nucleated cells / vial or bag (**pre-freeze**) (**x 10e6**) _____
☐ Total nucleated cells/vial or bag (**post-thaw** (**x 10e6**) _____
☐ Total cells/kg (**post thaw**) (**x 10e6**) _____
☐ % Viability (**post thaw**) _____
☐ CD34 % (**post thaw**) _____
☐ Culture results (**post thaw**) **(IF POSITIVE, identify organism(s))** _____
☐ HPC assay (**post thaw**)
- # CFU-GM colonies/100,000 cells plated _____
- # CFU-GEMM colonies/100,000 cells plated _____
- # BFUE colonies/ 100,000 cells plated _____

☐ Backup available? (Yes __ No __)
- ☐ If backup available, total nucleated cells available (**x 10e6**) _____
- ☐ If backup available, specify vial size, bag size, etc. _____

Signature Manifest

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All dates and times are in Eastern Time.

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