



STEM CELL LABORATORY (STCL)



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DOCUMENT TITLE:

UCB QC Aliquot

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STCL-FORM-067 UCB QC Aliquot
Checklist for Autologous or Directed Cord Blood Units

Recipient's Name _____ Recipient's History # _____
Diagnosis _____ Recipient's DOB _____
Cord Blood Bank _____ CB ID# _____

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

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

- | | |
|---|-------|
| ☐ Date UCB QC Sample received | _____ |
| ☐ _____ Segment or _____ Test Vial | _____ |
| ☐ Total nucleated cells/aliquot (pre-freeze) (x 10 ^{e6}) | _____ |
| ☐ Total nucleated cells <u>recovered</u> (post thaw) (x 10 ^{e6}) | _____ |
| ☐ Viability (post thaw) | _____ |
| ☐ CD34 % (post thaw) | _____ |
| ☐ HPC assay (post thaw) | _____ |
| # CFU-GM colonies/100,000 cells plated | _____ |
| # CFU-GEMM colonies/100,000 cells plated | _____ |
| # BFUE colonies/ 100,000 cells plated | _____ |

Comments:

Signature Manifest**Document Number:** STCL-FORM-067**Revision:** 01**Title:** UCB QC Aliquot

All dates and times are in Eastern Time.

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