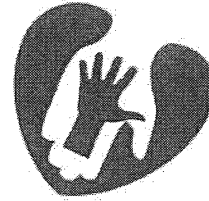


## STEM CELL LABORATORY (STCL)



**DOCUMENT NUMBER:** STCL-GEN-013 FRM1

**DOCUMENT TITLE:**

Procedure Verification for STCL FRM1

**DOCUMENT NOTES:**

### Document Information

**Revision:** 01

**Vault:** STCL-General-rel

**Status:** Release

**Document Type:** STCL

### Date Information

**Creation Date:** 13 Jan 2012

**Release Date:** 13 Jan 2012

**Effective Date:** 13 Jan 2012

**Expiration Date:**

### Control Information

**Author:** WATE02

**Owner:** WATE02

**Previous Number:** COMM-QA-014 Rev 02

**Change Number:** FRM-CCR-119

# STCL-GEN-013 FRM1 PROCEDURE VERIFICATION FOR STCL FRM1

<Insert Procedure Title>  
Verification Document

## A. Responsibility

1. Verification of this procedure shall be performed by ... <insert applicable staff>
2. The time frame for the verification of this procedure shall extend for ... <insert applicable time frame> from the receipt of this procedure kit.

## B. Additional Verification Requirements

1. Read Procedure Kit, which includes: Procedure Document, Process Overview, and Verification Document. Manufacturer instructions, package inserts, AABB/FACT standards, other CCBB procedures are provided when available.
2. <insert additional applicable verification steps>

C. Return to Author \_\_\_\_\_  
Author's name/Department

## D. Verification Checklist

Requirement	Pass	Fail	Initials/Date
1 Responsibilities defined			
2 List of materials and supplies complete			
3 Clearly written and easy to understand			
4 Technically accurate and concise			
5 Logical steps describe a complete process			
6 Critical points covered			
7 Review responsibilities defined			
8 Records management addressed			
9 References complete			
10 Directions for completing forms			
11 Conforms to manufacturer instructions, package inserts, AABB/FACT standards, etc. if available.			

< Insert Procedure Title>

**D. Observations and Follow-up**

Observation by verifier	Initials/date	Follow-Up by author	Initials/Date
*A separate sheet may be attached if required.			

**Verification Performed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Re-verification required** Yes ☐ No ☐ **Author's signature/date** \_\_\_\_\_

**Approvals, as applicable**

\_\_\_\_\_  
STCL Laboratory Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Quality Manager

\_\_\_\_\_  
Date

**Signature Manifest****Document Number:** STCL-GEN-013 FRM1**Revision:** 01**Title:** Procedure Verification for STCL FRM1**STCL-GEN-013 FRM1 Procedure Verif****Author Approval**

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		13 Jan 2012, 11:14:22 AM	Approved

**Manager Approval**

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		13 Jan 2012, 11:15:10 AM	Approved

**Medical Director Approval**

Name/Signature	Title	Date	Meaning/Reason
Joanne Kurtzberg (KURTZ001)		13 Jan 2012, 11:33:39 AM	Approved

**QA Approval**

Name/Signature	Title	Date	Meaning/Reason
Linda Sledge (SLEDG006)		13 Jan 2012, 12:02:20 PM	Approved

**Notification**

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		13 Jan 2012, 12:02:21 PM	Email Sent
System Administrator (SYSADMIN)		13 Jan 2012, 12:02:21 PM	Email Sent
Sharon Hartis (SH259)		13 Jan 2012, 12:02:21 PM	Email Sent
Sandy Mulligan (MULLI026)		13 Jan 2012, 12:02:21 PM	Email Sent