



STEM CELL LABORATORY (STCL)



DOCUMENT NUMBER: STCL-COLL-007 FRM2

DOCUMENT TITLE:

Auto-Directed CBU Receipt Form

DOCUMENT NOTES:

Document Information

Revision: 01

Vault: STCL-Collections-rel

Status: Release

Document Type: Collections

Date Information

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Release Date: 10 Mar 2014

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Expiration Date:

Control Information

Author: WATE02

Owner: WATE02

Previous Number: None

Change Number: STCL-CCR-159

BAR CODE LABEL

Auto/Directed CBU Receipt Form**COMPLETE AT RECEIPT:**

1. Date and time of receipt in STCL: ____ / ____ / ____ : ____
mm dd yyyy hrs mins Study ID: _____
2. Date and time CBU was collected: ____ / ____ / ____ : ____
mm dd yyyy hrs mins Study ID: _____
3. Can CBU be processed and cryopreservation started within 72 hours from collection?
☐ If Yes, Proceed ☐ If No, notify lab manager or designee*. Study ID: _____
4. Is the CBU Collection Bag labeled?
☐ If Yes, Proceed ☐ If No, notify lab manager or designee*. Study ID: _____
5. Is the collection bag free of leakage or damage? (**NOTE:** If bag is compromised, removal of the CBU from the biohazard bag **MUST** be performed in the biological safety cabinet, using sterile technique, to determine where the leak or damage is occurring).
☐ If Yes, Proceed ☐ If No, notify lab manager or designee*. Study ID: _____
6. Confirm the ISBT barcode label and the collection date/time (*if present*) on the CBU Collection Bag label match the ISBT label on the Volunteer Cord Blood Donor Identification Forms.
☐ If Yes, Proceed ☐ If No, notify lab manager or designee*. Study ID: _____
7. Confirm that the data logger is active/ recording upon receipt?
☐ If Yes, Proceed ☐ If No, notify lab manager or designee*. Study ID: _____
8. If data logger was active, was temperature in range (4 - 30°C)?
☐ If Yes, Proceed ☐ If No, notify lab manager or designee*. Study ID: _____
9. Print Federal Express tracking information; place in CBU file. Study ID: _____

*Any CBU that has been identified for use must have a *STCL-QA-001 FRM1 Non-Conforming Products* form initiated and signed by the medical director **BEFORE** it can be administered to the recipient.

Comments and/or Corrective Action (*as applicable*): _____

Lab Manager or Designee Signature: _____

Medical Director's Signature: _____

Signature Manifest**Document Number:** STCL-COLL-007 FRM2**Revision:** 01**Title:** Auto-Directed CBU Receipt Form

All dates and times are in Eastern Time.

STCL-COLL-007 FRM2 Auto-Directed CBU Receipt Form**Author**

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Document Release

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