

STEM CELL LABORATORY (STCL)



DOCUMENT NUMBER:	
DOCUMENT TITLE:	
DOCUMENT NOTES:	
Document Information	
Revision:	Vault:
Status:	Document Type:
Status: Date Information	Document Type:
	Document Type: Release Date:
Date Information	
Date Information Creation Date:	Release Date:
Date Information Creation Date: Effective Date:	Release Date:

STCL MATERIAL SPECIFICATION FORM

Material/Supply:			
Part Number(s):			
Manufacturer:			
Vendor:			
Description/Intended use:	Criticality Determination:		
	Directly contacts or impacts safety of product		
	Reagent used in specification determination		
	Can only be obtained by current manufacturer		
	Material Classification:		
	Critical Non-Critical		
G B			
Storage Requirements			
Room Temperature/Humidity (15-25°C / 10-	70%)		
Refrigerator (2 to 8°C)			
Freezer (-5 to -30°C)			
Other: (ie. Protect from Light)			
Material/Supply Receipt Specifications			
• Quality Documents Required Prior to QA Release: NA			
Package Insert	Critical Component Verification (Describe):		
Certificate Document (Describe):			
Reason for MSPEC creation:			
New Process			
	roduct. In-use product MSPEC #:		
New supply replacing in-use product, enter previous supply MSPEC #:			

MSPEC#: STCL-MSPEC-

STCL MATERIAL SPECIFICATION FORM

Instructions

1.	Material/Supply	Record name of material/supply.		
2.	Part Number(s)#	Record Part # used to order the material.		
3.	Manufacturer	Record manufacturer, which might be different from vendor/supplier.		
4.	Vendor	Record vendor name.		
5.	Description/Intended use	Record supply description and information of how it is used in STCL		
6.	Criticality Determination	Check any that apply.		
7.	Material Classification	If any of the criteria above (#6) are checked, then mark as critical. Otherwise, mark non-critical.		
8.	Storage Requirements	Use check boxes to indicate storage temperature requirements. Use Other for special requirements, for example, protect from light.		
9. pric	Quality Documents required or to QA release	Mark NA if not required. Otherwise, check the required documents: Package insert, Certificate or Critical Component Verification		
10.	Package Insert	Check if required (required for all FDA license products)		
11.	Certificate Document	Check if required. Describe type of document: CoA, CoC, etc		
	Critical Component ification	Check when qualification of supply is required. Describe requirements. For example, 14 sterility testing for new lots of DMSO.		
13.	Reason for MSPEC creation	Check option that applies AND record previous/existing MSPEC when required.		

MSPEC#: STCL-MSPEC-

Signature Manifest

Document Number: STCL-GEN-002 FRM5 **Revision:** 01

Title: STCL Material Specification Form FRM5

Effective Date: 13 Oct 2020

All dates and times are in Eastern Time.

STCL-GEN-002 FRM5 STCL Material Specification Form

Author

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATER002)		23 Sep 2020, 03:24:17 PM	Approved

Management

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATER002)		23 Sep 2020, 03:24:30 PM	Approved

Medical Director

Name/Signature	Title	Date	Meaning/Reason
Joanne Kurtzberg (KURTZ001)		23 Sep 2020, 06:49:18 PM	Approved

Quality

Name/Signature	Title	Date	Meaning/Reason
Isabel Storch (IMS19)		24 Sep 2020, 09:11:40 AM	Approved

Document Release

Name/Signature	Title	Date	Meaning/Reason
Sandy Mulligan (MULLI026)		29 Sep 2020, 06:31:06 PM	Approved