



# STEM CELL LABORATORY (STCL)



<b>DOCUMENT NUMBER:</b> STCL-GEN-009 FRM1
<b>DOCUMENT TITLE:</b> Cellular Product Chain of Custody FRM1
<b>DOCUMENT NOTES:</b> 11D.100

## Document Information

<b>Revision:</b> 03	<b>Vault:</b> STCL-General-rel
<b>Status:</b> Release	<b>Document Type:</b> STCL

## Date Information

<b>Creation Date:</b> 09 Apr 2015	<b>Release Date:</b> 16 Aug 2019
<b>Effective Date:</b> 16 Aug 2019	<b>Expiration Date:</b>

## Control Information

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<b>Previous Number:</b> STCL-GEN-009 FRM1 Rev 03 <b>Change Number:</b> STCL-CCR-463	

**STCL-GEN-009 FRM1**  
**Cellular Product Chain of Custody Form**

Cooler # \_\_\_\_\_

ISBT 128 Barcode #: \_\_\_\_\_

**NOTE:** *Use for cellular products transported inside the North Pavilion*

1. Patient Name: \_\_\_\_\_  
Patient History #: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Affix Patient Demographic Label)

2. Donor Name: \_\_\_\_\_  
Donor History #: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Affix Donor Demographic Label, if applicable)

3. Cellular Product collection date: \_\_\_\_\_

4. Cellular Product Type: (*Check ONE*) ☐ HPC, Apheresis ☐ HPC, Marrow  
☐ MNC, Apheresis ☐ Other: \_\_\_\_\_

5. Cellular Product **delivered** to the Stem Cell Laboratory (STCL)

\_\_\_\_\_  
*Signature of person delivering product* Date: \_\_\_\_\_ Time: \_\_\_\_\_ EST

6. Cellular Product **received** in the Stem Cell Laboratory (STCL)

\_\_\_\_\_  
*Signature of STCL Employee receiving product* Date: \_\_\_\_\_ Time: \_\_\_\_\_ EST

## STCL-GEN-009 FRM1 Cellular Product Chain of Custody Form

### Instructions for Completing the Cellular Product Chain-of-Custody Form

In the field...	Record...
Cooler #	Enter cooler number using to transport product
ISBT 128 barcode	Place ISBT unique barcode
Use form for cellular products <u>collected IN the North Pavilion</u> ( <i>product was NOT transported on public roads</i> )	Since product was NOT transported on public roads, temperature at the time of receipt is not required per FACT standards
1. Patient Name	Name of Patient donating cells ( <i>or to receive cells</i> )
Patient History #	Enter Patient's Duke History
2. Donor Name ( <i>if applicable</i> )	Name of Donor who donated cellular product ( <i>if applicable</i> )
Donor's History # ( <i>if applicable</i> )	Donor's History # ( <i>if applicable</i> )
3. Cellular Product collection date	Date product collected
4. Cellular Product Type	Enter the name of the type of product collected
5. Signature of person delivering cellular product to the Stem Cell Laboratory (STCL)	Signature of person transporting the cellular product to the lab ( <i>ie. Nursing staff, MD, designated courier, etc</i> ), Date, and Time (EST)
6. Signature of STCL employee accepting cellular product	Signature of laboratory personnel, or designee, accepting the cellular product in the lab, Date, and Time (EST)

**Signature Manifest****Document Number:** STCL-GEN-009 FRM1**Revision:** 03**Title:** Cellular Product Chain of Custody FRM1

All dates and times are in Eastern Time.

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**Document Release**

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