



## STEM CELL LABORATORY (STCL)



**DOCUMENT NUMBER:** STCL-QA-005 FRM2

**DOCUMENT TITLE:**

Infusion Record Checklist FRM2

**DOCUMENT NOTES:**

### Document Information

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### Control Information

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**Owner:** WATER002

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## STCL-QA-005 FRM2 Infusion Record Checklist

(Patient Label Here)

Check ONE: Auto (     ) OR Allo (     )

(ISBT Barcode)

Infusion # ____ (Date: _____)		
Enter N/A if NOT Applicable	( INITIALS )	( INITIALS )
	in lab file	in STCL EMMES
STCL-FORM-056 Cellular Therapy Infusion Request Form		N/A
Cell Count Printout		N/A
<i>Make sure ISBT128 Barcode is AFFIXED to Hematology printout</i>		
STCL-FORM-049 Completed Lot Sheet**		N/A
STCL-DIST-003 CP Distribution Sheet*		
M0226 Form with Labels Affixed (Thawed Products)		N/A
STCL-SOP-050 Infusion Form		
Remainder of ISBT barcodes in patient file were destroyed		N/A
Remainder of Avery Patient Labels in patient file were destroyed		N/A

Review	
Comments:	Signature of Tech Performing Task
	Date:

Data:	Initial/Date
Signed STCL-FORM-056 copy Put in Mailbox***	
Signed Reinfusion Report copy Put in Mailbox***	
Signed Cryo Report copy Put in Mailbox***	N/A
Completed STCL-SOP-050 copy Put in Mailbox***	
*** Put in Mailbox Designated for "data management" mail slot	

\* Needs Tech's Signature before filing

\*\* Needs Barb's Signature before Filing

**Signature Manifest****Document Number:** STCL-QA-005 FRM2**Revision:** 02**Title:** Infusion Record Checklist FRM2**Effective Date:** 25 Jan 2024

All dates and times are in Eastern Time.

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**Document Release**

Name/Signature	Title	Date	Meaning/Reason
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