



STEM CELL LABORATORY (STCL)



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DOCUMENT TITLE:

Selection Record Checklist FRM3

DOCUMENT NOTES:

Document Information

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Control Information

Author: WATER002

Owner: WATER002

Previous Number: STCL-QA-005 FRM3 REV01 **Change Number:** STCL-CCR-551

STCL-QA-005 FRM3 Selection Record Checklist

(Patient Label Here)

Check ONE: Auto () OR Allo ()

(ISBT Barcode) _____

Check ONE: CD34 Selection () CD56+ Selection () CD45RA Depletion () Other _____ ()

PSC # _____ (Date: _____)	Check all that apply if more than one	
Enter N/A if NOT Applicable	(INITIALS) in lab file	(INITIALS) in STCL EMMES
Location Confirmation (Unselected Backup)**		
STCL-FORM-040 PBPC Worksheet		
Selection Worksheet		N/A
LIS (Name, History #, DOB, Blood Type) confirmation		N/A
Cell Count Printout (<input type="checkbox"/> Prelim; <input type="checkbox"/> Sample A; <input type="checkbox"/> Sample B; <input type="checkbox"/> Sample C; <input type="checkbox"/> Final)		N/A
<i>Make sure ISBT128 Barcode is AFFIXED to Hematology printout</i>		
FLOW-GEN-012 (FRM5) STCL Flow Cytometry Wrksht (Peripheral CD34 counts)		N/A
FLOW-GEN-012 (FRM5) STCL Flow Cytometry Wrksht (<input type="checkbox"/> Prelim; <input type="checkbox"/> Sample A; <input type="checkbox"/> Sample B; <input type="checkbox"/> Sample C)		N/A
STCL-FORM-064 Manual Diff Wrksht - Clinical (CD34+ Selections ONLY) (<input type="checkbox"/> Sample A; <input type="checkbox"/> Sample C)		
STCL-PROC-022 (FRM1) STCL Clinical HPCA Wrksht (<input type="checkbox"/> Sample A; <input type="checkbox"/> Sample B; <input type="checkbox"/> Sample C)		
Endotoxin Results		N/A
Sterility Results		
STCL-FORM-049 Completed Lot Sheet*		N/A
Apheresis Nursing Documentation		N/A
Summary of Donor Eligibility		N/A

Review	
Comments:	Signature of Tech Performing Task
	Date:
Data:	Initial/Date
Signed STCL-FORM-056 copy Put in Mailbox ***	N/A
Signed Reinfusion Report copy Put in Mailbox ***	N/A
Signed Cryo Report copy Put in Mailbox ***	
Completed STCL-SOP-050 copy Put in Mailbox ***	N/A
*** Put in Mailbox Designated for "data management"	

* Needs Tech Signature Before Filing

** Located behind Cryo Report

Signature Manifest**Document Number:** STCL-QA-005 FRM3**Revision:** 02**Title:** Selection Record Checklist FRM3**Effective Date:** 25 Jan 2024

All dates and times are in Eastern Time.

STCL-QA-005 FRM3 Selection Record Checklist**Author**

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Quality

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Document Release

Name/Signature	Title	Date	Meaning/Reason
Amy McKoy (ACM93)	Document Control Specialist	24 Jan 2024, 10:14:06 AM	Approved