

STEM CELL LABORATORY (STCL)



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DOCUMENT TITLE: Bone Marrow Harvest Record Checklist FRM4
DOCUMENT NOTES:

Document Information

Revision: 02 **Vault:** STCL-General-rel

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Date Information

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Control Information

Author: WATER002 Owner: WATER002

Previous Number: STCL-QA-005 FRM4 REV01 Change Number: STCL-CCR-551

STCL-QA-005 FRM4 Bone Marrow Harvest Record Checklist

(Patient Label Here)

Check ONE: Auto () OR Allo ()	(ISBT Barcode)

BONE MARROW HARVEST		
Bone Marrow Harvest (Date:)	Check all that apply if more than one	
Enter N/A if NOT Applicable	(INTIALS)	(INTIALS)
	in lab file	in STCL EMMES
Worksheet		
LIS (Name, History #, DOB, Blood Type) confirmation		N/A
STCL-FORM-037 BMH Quality Assurance Sheet		N/A
Cell Count Printout (☐ Midpoint; ☐ Prelim; ☐ Final)		N/A
Make sure ISBT128 Barcode is AFFIXED to Hematology printout		
FLOW-GEN-012 (FRM5) STCL Flow Cytometry Worksheet		
(□ Midpoint; □ Prelim; □ Final)		N/A
STCL-FORM-064 Manual Diff Worksheet - Clinical (if applicable)		
STCL-PROC-022 (FRM1) STCL Clinical HPCA Worksheet (if applicable)		
Sterility Results (Pre & Post if processed) Pre Post		
STCL-FORM-049 Completed Lot Number worksheet*		N/A
SePAX2-RM (or equivalent) Print-out (if marrow processed on instrument)		N/A
Doctor's Order for Bone Marrow Harvest		N/A
STCL-FORM-062 STCL Processing Order Form (if applicable)		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 "data management"	

^{*} Needs Tech Signature Before Filing

^{**} Located behind Cryo Report

Signature Manifest

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All dates and times are in Eastern Time.

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Document Release

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