



STEM CELL LABORATORY (STCL)



DOCUMENT NUMBER: STCL-TRN-001 FRM4

DOCUMENT TITLE:

Stem Cell Laboratory Medical Director Competency Checklist

DOCUMENT NOTES:

Document Information

Revision: 01

Vault: STCL-TRN-rel

Status: Release

Document Type: STCL-TRN

Date Information

Creation Date: 17 Aug 2018

Release Date: 20 Aug 2018

Effective Date: 20 Aug 2018

Expiration Date:

Control Information

Author: WATE02

Owner: WATE02

Previous Number: None

Change Number: STCL-CCR-431

STEM CELL LABORATORY MEDICAL DIRECTOR COMPETENCY CHECKLIST

NAME: _____

Staff Member's Name _____

☐ Annual Assessment☐ Other: _____

TRAINING ELEMENT ASSESSMENT PERIOD: _____ <small>(YEAR)</small> <small>NOTE: SOURCE DOCUMENTATION MUST BE AVAILABLE FOR REVIEW FOR EACH OF THE FIVE (5) PROCEDURE PERFORMED / SUPERVISED ANNUALLY</small>	- Checkmark in box indicates successful completion of task - NA indicates task is not applicable - Empty boxes are not acceptable				
	1 st Perform / Supervision Date	2 nd Perform / Supervision Date	3 rd Perform / Supervision Date	4 th Perform / Supervision Date	5 th Perform / Supervision Date
<small>NOTE: For annual assessment, Processing Medical Director is required to perform or supervise a minimum of five (5) cellular therapy processing procedures per year within each accreditation cycle. Check (✓) all applicable procedures performed/supervised during period</small>					
1. STCL-PROC-002 Processing of ABO Incompatible Cellular Products					
2. STCL-PROC-007 Peripheral Blood Progenitor Cell – HPC Apheresis- Concentration and Preparation for Cryopreservation					
3. STCL-PROC-021 Thawing of PBPCs or Bone Marrow for Direct Administration					
4. STCL-PROC-025 Cryopreservation of Back Up Cells from Original UCB Reinfusion					
5. STCL-PROC-028 Standard Peripheral Stem Cell Processing and Preparation for Infusion or Cryopreservation.					
6. STCL-PROC-042 UCB Processing Using the SePAX2 S-100 Cell Processing System with UCB-HES Protocol					
7. STCL-PROC-044 CBU Processing via Manual Method					
8. STCL-PROC-045 Cryopreservation and Storage of CBU					
9. STCL-PROC-046 Processing of Bone Marrow using the SePAX 2 RM Instrument					
10. STCL-SOP-028 Procedure for Manually Thawing UCBUs Frozen in Two Compartment Bags using Dextran-Albumin Solution					
11. STCL-SOP-028 JA2 Dextran Albumin Thawing Vials and Small Cryobags					
12. STCL-SOP-028 JA3 Thawing Human-CT-derived Mesenchymal Stem Cells (MSCs) for Infusion					
13. STCL-SOP-048 Procedure for Thawing Bone Marrow and PBPCs using Dextran-Albumin Solution					
Initials, Study ID and Date: My signature and dates certify that I have performed or supervised the cellular product processing procedures selected from the list above.					

STCL Processing Facility Medical Director's Signature _____

Date _____

Signature Manifest**Document Number:** STCL-TRN-001 FRM4**Revision:** 01**Title:** Stem Cell Laboratory Medical Director Competency Checklist

All dates and times are in Eastern Time.

STCL-TRN-001 FRM4 Stem Cell Laboratory Medical Director Competency Checklist**Author**

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Document Release

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