DukeMedicine   Division of Cellular Therapy

DOCUMENT NUMBER: ABMT-COLL-019 FRM1

DOCUMENT TITLE: Optia CMNC Run Sheet FRM1

DOCUMENT NOTES:

Document Information

Revision: 05	**Vault:** ABMT-Collections-rel
Status: Release	**Document Type:** Collections

Date Information

Creation Date: 02 Aug 2019	**Release Date:** 09 Aug 2019
Effective Date: 09 Aug 2019	**Expiration Date:**

Control Information

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Previous Number: ABMT-COLL-019 FRM1 Rev	**Change Number:** ABMT-CCR-268

Form
M03

Duke University Medical Center

Place NMDP Donor Label, applicable

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OPTIA CMNC RUN SHEET

Name: _____

History #: _____

Date: _____/_____/_____   Start Time: _____   End Time: _____

Machine # _____ BW# _____ Machine Cleaned by: _____   _____(Barcode)

Sex	Height (cm)	Weight (Kg)	Age	HCT	HgB	WBC	Platelets	CD-34	Auto	Allo	Type

Mobilized: GCSF___   BID G____   Chemo/Type_____   Day Post Chemo____

Non-Mobilized (N/A) ____   Mozobil (day 4) ____   Mozobil (day +5 or greater) _____

Patient Total Blood Volume (TBV): _____ x 0.15 = _____ Maximum Extracorporeal Volume

Optia CMNC ECV (293) ÷ Patient's TBV _____ = _____ % ECV (contact MD for %ECV >15%)

Venous Access: Inlet: _____   Return: _____   Contact Phone: _____

Recipient Name: _____ History#:_____ Weight (kg):_____

Pre: T _____ P _____ R ____ BP _____/_____ O2_____   Mid: T _____ P _____ R_____ BP _____/_____O2_____

Post: T _____ P _____ R ____ BP _____/_____ O2_____   Vital signs documented in EMR_____

Run Record

Time	Inlet Flow	CP	AC Ratio	Collect Vol	Warmer Temp	Comments

	Whole Blood Processed	# TBV Processed	WBC Collect Volume	Plasma Collect Volume	Run Time
Initial Values					
Final Values			AC ( )	AC ( )	

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ABMT, DUMC
Durham, NC

Form M03

Place NMDP Donor Label, applicable
(Barcode label)

⨃ Duke University Medical Center

Notify MD if vital signs, lab results or %ECV are out of these parameters:

Temperature: > 38°C	Heart Rate: < 50 or >120
Systolic BP: < 80 or > 160	Diastolic BP: < 50 or >90
Hemoglobin: < 9 Allo <10 Granulocyte < 8 Auto	Platelets: < 80,000 NMDP < 50,000 Related Allo < 15,000 Auto
WBC: < 1,000 or > 60,000	CD 34: < 10
%ECV: > 15%	Hematocrit: < 25%

Labs Drawn:
 ☐CBC/Diff ☐CMP/Mg ☐CD34 ☐T&S ☐Post CBC/Diff ☐Post Plt. ☐Research ☐Other: _____

Heparin Protocol: (refer to ABMT-COLL-014) ☐Yes ☐No   **Are platelets > 50,000?** ☐Yes ☐No

Room Temp/Humidity: _____ °C / _____%   **Room Temp/Humidity Acceptable?** ☐Yes ☐No
(Acceptable ranges for Temperature 15.5°C- 27.7°C/Humidity 10%-75%)

Fluid Balance:
Volume In:
Electrolyte Supp. Volume: _____ + Optia Subtotal Fluid Balance: _____ = Volume In: _____

Transfusion Volume: _____ + Other: _____ = Volume In: _____

Total Volume In: _____

Volume Out:
 Lab Tests: _____ + Blood Loss: _____   **Total Volume Out:** _____

Net Fluid Balance: _____

Supply Records:
Supplies Pass Visual Inspections: ☐ Yes ☐ No

Product	Lot #	Expiration Date	Product	Lot #	Expiration Date
Optia WBC Kit			IV Extension Set		
Blood Warmer Set			Heparin (10,000units/10mL)		
NS 1000 mLs			20 G Needle		
ACD 750 mLs			3 mL Syringe		
Triple Extension Set (as needed)			10 mL Syringe		
IV Start Kit			TriCitrasol		
IV Catheter			Hydroxyethyl Starch		
AC Adapter			Additional Supplies		

Signature: _____   Date: _____/_____/_____

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Durham, NC

Instructions for Completing the Optia Leukapheresis RUN Sheet

Name and History # Place NMDP Donor Label, if applicable	Record Patient name and history number
Date, Start Time, End Time	Record date, start and end time of apheresis.
Machine#, BW#, machine cleaned by	Record serial number of the Optia machine and blood warmer (BW) used. Initial when machine is cleaned at end of procedure.
Bar Code Label	Place unique product identifier, or bar code label in line labeled "Bar code label" on front and back of Run Sheet.
Sex, Height, Weight, HgB, HCT, WBC, Platelets, CD-34, Auto, Allo, Type	Record donor values here, in appropriate boxes. CD-34 result comes from the Flow lab. Place N/A if CD-34 results are not applicable. Check the boxes to indicate if donor is Auto or Allo. Document type of procedure being performed: PBSC, DLI, GRAN, or Other.
GCSF, BID-G, Chemo/Type, Day Post Chemo, Mozobil (day +4), Mozobil (day +5 or greater), Non-Mobilized.	Place a check on the line to indicate the type of mobilization. Record the type of chemotherapy given and the day number post chemotherapy in the space provided. Check if patient received day +4 Mozobil or day +5 or greater Mozobil in the space provided. Check in the N/A column if patient was non-mobilized.
Patient's Total Blood Volume (TBV)	Record TBV as calculated by Optia after entering donor height and weight.
Maximum Extracorporeal Volume	Calculate and record (TBV x 0.15)
Optia CMNC %ECV	Calculate and record (293 ÷ TBV)
Venous access	Record venous access used for inlet and return.
Contact Number during Apheresis	Record a contact phone number for the patient while undergoing leukapheresis.
Recipient Name, History# and weight	Record the recipient name, history# or NMDP# and weight in kg in the spaces provided.
Vital Signs	Record pre, mid, and post apheresis vital signs. If vital signs are recorded in the electronic medical record (EMR) then place a check in the space provided.
Run Record	Record the run parameters listed in the Run Record Table every 30 minutes to 1 hour. Record any changes made to the default Run parameters, alarms and troubleshooting done in the comments column. Record the Initial and Final Values in the spaces provided.

Instructions for Completing the Optia Leukapheresis RUN Sheet

Notify physician values	Use these values as a reference for abnormal values.
Labs Drawn	Check the boxes indicating the lab tests drawn.
Heparin Protocol	Check the box if Heparin Protocol is used. If Heparin Protocol is used, check the box for platelets are greater than 50,000.
Room Temperature and Humidity	Document current temperature and humidity at time of collection in space provided. Check the appropriate box whether temp/humidity is acceptable or not. If not acceptable, please refer to ABMT-GEN-021 Temperature and Humidity.
Fluid Balance: Electrolyte volume	Record the total volume infused as electrolytes or other medications.
Optia Subtotal Fluid Balance	Record the subtotal volume displayed on Optia End of Run screen. This subtotal includes all fluids given by Optia minus the product volumes out counted by Optia.
Volume In	Record the total of Electrolyte volume given + Optia Subtotal Volume.
Transfusion volume + Other	Record the total transfusion volume given plus any other IV fluids given not recorded as electrolytes.
Total Volume In	Record the total of Subtotal Optia + Electrolyte/Other volume +Transfusion volume.
Lab Tests	Record the total volume of blood drawn for laboratory tests.
Blood Loss	Record the volume of any Blood loss during the Run.
Total Volume Out	Record total of lab tests + Blood Loss.
Net Fluid Balance	Subtract Total Volume Out from Total Volume In.
Supply Records	Record if the supplies pass visual inspection, if not contact the Apheresis Coordinator. Record the lot# and expiration for all supplies used during apheresis.
Signature and Date	Sign and date RUN sheet on labeled spaces.

Signature Manifest

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Title: Optia CMNC Run Sheet FRM1

All dates and times are in Eastern Time.

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