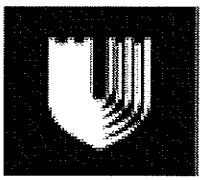

STEM CELL LABORATORY (STCL)

DOCUMENT NUMBER: STCL-DIST-003

DOCUMENT TITLE:

Cellular Product Distribution Form

DOCUMENT NOTES:

Document Information

Revision: 03	**Vault:** STCL-Distribution-rel
Status: Release	**Document Type:** STCL-Distribution

Date Information

Creation Date: 22 Jun 2012	**Release Date:** 02 Jul 2012
Effective Date: 02 Jul 2012	**Expiration Date:**

Control Information

Author: WATE02	**Owner:** WATE02
Previous Number: STCL-DIST-003 Rev 03	**Change Number:** FRM-CCR-119

STCL-DIST-003
CELLULAR PRODUCT DISTRIBUTION FORM

1. Date/Time of distribution: ☐☐/☐☐/☐☐☐☐ ☐☐:☐☐
   mm dd yyyy hrs min
2. Recipient Name _____
3. Recipient History Number _____
4. Donor Name _____ **(if applicable)**
5. Donor History Number _____ **(if applicable)**
6. Units distributed to ☐ ABMT Clinic ☐ Children's Health Center ☐ N5100
   ☐ N5200 ☐ N9200 ☐ NMDP Designated Courier
   ☐ Other _____
7. Type of product(s) distributed:
   - ☐ HPC-Apheresis
     - ☐ Unmanipulated
     - ☐ Minimally manipulated (ie. rbc depletion, plasma depletion, etc)
     - ☐ CD34-selection
     - ☐ CD56-selection
     - ☐ Other (specify) _____
   - ☐ HPC-Marrow
   - ☐ HPC-Cord Blood
   - ☐ Granulocytes
   - ☐ MSC
   - ☐ Other (specify): _____
8. Product processing:
   ☐ Fresh ☐ Thawed **(specify below):** ☐ Cryopreserved
   ☐ DAT ☐ 37 degree C ☐ Other:_____

STCL-DIST-003
CELLULAR PRODUCT DISTRIBUTION FORM

9. Unique Identifier of units distributed:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

9. _____ 10. _____

Comments: _____

_____

_____

_____

_____

Form Initiated by Signature _____ Date _____

STCL Manager / QA Release Signature _____ Date _____

1. Date of distribution	Enter date of distribution.
2. Recipient Name	Enter recipient name.
3. Recipient History Number	Enter recipient history number.
4. Donor Name	Enter donor name if applicable
5. Donor History Number	Enter Donor history number if applicable.
6. Units distributed to	Check the site where the units are transported.
7. Type of product(s) distributed:	Check the type of product being distributed
8. Unique Identifier of units distributed:	Enter or place unique identifier of units being distributed.
9. Product processing:	Check processing type
Form Initiated by	Staff name that is completing form
STCL Manager / QA Release	Manager / QA signature releasing the units

Signature Manifest

Document Number: STCL-DIST-003 **Revision:** 03
Title: Cellular Product Distribution Form

STCL-DIST-003 Prod Distribution FRM

Author Approval

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		25 Jun 2012, 06:28:16 PM	Approved

Medical Director Approval

Name/Signature	Title	Date	Meaning/Reason
Joanne Kurtzberg (KURTZ001)		25 Jun 2012, 11:43:28 PM	Approved

QA Approval

Name/Signature	Title	Date	Meaning/Reason
Linda Sledge (SLEDG006)		26 Jun 2012, 12:19:45 PM	Approved