

# STEM CELL LABORATORY (STCL)



DOCUMENT NUMBER:	STCL-DIST-001 FRM1
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# **DOCUMENT TITLE:**

HPC Return from Issue Form

#### **DOCUMENT NOTES:**

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### **Control Information**

Author: WATE02 Owner: WATE02

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# STCL-DIST-001 FRM 1 HPC RETURN FROM ISSUE FORM

Recipient Name:
Recipient Medical Record Number:
Unique ISBT 128 Barcode Number:
Product Description:
Date and Time Issued from the lab:
Date and Time Returned to the lab:
Reason for Return to the lab:
Required Storage Temperature: Room Temperature Refrigerated Frozen
Other (specify)
Was Required Temperature Maintained After Issue? YesNo
Was Product Entered? YesNo
Cell Infusionist Present: N/AYesNo
Lab/Medical Director (or designee) Notified: Date: Time:
Name of Lab/Medical Director (or designee) Notified:
Product Inspected and Available for Re-Issue? YesNo
Technologist Signature and Date:
Laboratory/Medical Director Signature and Date:
Comments:
N/A = Not Applicable

STCL-DIST-001 FRM1 – HPC Return from Issue Form Stem Cell Laboratory, DUMC Durham, NC

Field	Requirement
Recipient Name	Enter the name of the recipient whose cellular
	product was returned to the laboratory.
Recipient's Medical Record #	Enter the recipient's medical record #.
Unique ISBT 128 Barcode #	Affix the unique ISBT 128 barcode for this product
	onto the form.
Product Description	Enter the description of the product being returned
	to the lab (ie. UCB, PBPCs, etc).
Date and Time Issued from the lab	Enter the date and time the product was originally
	issued from the laboratory.
Date and Time Returned to the lab	Enter the date and time the product was returned to
	the laboratory.
Reason for return to the lab	Enter the reason why the product was returned to
	the laboratory.
Required Storage Temperature	Check the appropriate temperature in which the
	product should be stored (ie. room temperature,
	refrigerated, etc)
Was required Temperature	Yes or No?
maintained after Issue?	
Was Product Entered?	Yes or No? Check to see if the product was
	entered (ie. spiked with tubing set, etc), which
	could have an effect on the expiration date/time?
Cell Infusionist Present? (if	Yes, No, or N/A? Name of infusionist present at
applicable)	the time ( <i>if applicable</i> ). Since the product may not
	have been entered, there may not have been a cell
	infusionist present.
Lab/Medical Director (or designee)	Enter the date and time the Lab/Medical Director
Notified: Date/Time	(or designee) was notified of the product's return
	to the laboratory?
Name of Lab/Medical Director (or	Record the name of the Lab/Medical Director (or
designee) Notified	designee) notifed of the return of the product to the
	laboratory.
Product inspected and Available	Yes or No? Inspect the product, upon return to the
for Re-Issue?	laboratory, to ensure that it has not been
	compromised (ie. leaking, damaged, contaminated,
	etc).
Technologist Signature and Date	Signature and date of the technologist who
	received the returned product and who completed
	the "HPC Return From Issue Form".
Laboratory/Medical Director (or	Lab/ Medical Director (or designee) Signature and
designee) Signature and Date	Date
Comments	Enter comments as appropriate.

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# **Signature Manifest**

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Title: HPC Return from Issue Form

#### STCL-DIST-001 FRM1 HPC Return from Issue Form

# **Author Approval**

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# **Manager Approval**

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		21 Feb 2013, 09:31:28 AM	Approved

# **Medical Director Approval**

İ	Name/Signature	Title	Date	Meaning/Reason
•	Joanne Kurtzberg (KURTZ001)		21 Feb 2013, 02:55:05 PM	Approved

# **QA Approval**

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Name/Signature	Title	Date	Meaning/Reason
Linda Sledge (SLEDG006)		21 Feb 2013, 03:11:45 PM	Approved

#### **Document Release**

Name/Signature	Title	Date	Meaning/Reason
Sandy Mulligan (MULLI026)		21 Feb 2013, 03:31:06 PM	Approved

# Notification

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