

STEM CELL LABORATORY (STCL)



DOCUMENT NUMBER: STCL-DIST-006 FRM3			
DOCUMENT TITLE: Post Thaw Evaluation Worksheet FRM3			
DOCUMENT NOTES:			
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Author: WATE02	Owner: WATE02		
Previous Number: None	Change Number: STCL-CCR-289		

Recipient Name and DOB: ISBT		ISBT Barcode or Unique ID # assigned		
Donor Name (If applicable) Relationship of Recipient to D		onor: (If applicable)		
Date of Cryopreservation: Date Product(s) Thawed:				
		our facility thawed for infusion? garding what product (s) was (w		
		or the testing reflected below (if a		
Test	Pre-Cryopreservation	Post Thaw	Recommended value	
Patient's Weight		kg		
Unit volume (total)		Thawed unit volume (mL)		
Sterility			No Growth/ Negative	
% Viability List method used		%	≥ 70%	
% Viability CD34 List method used		%	> 0.05%	
Total CD34+ cells/kg (x 10e6)		x 10e6 CD34+ cells/kg		
TNC Includes NRBC □		x 10 ⁶ (per bag compartment)		
CFU-GM		*colonies/100,000 cells plated		
CFU-GEMM		*colonies/100,000 cells plated		
BFU		*colonies/100,000 cells plated		
Total CFU		*colonies/100,000 cells plated Growth		
*If < 100,000 cells plated	l, calculate & report number of coloni	es/100,000 cells plated. If not testing not p	erformed, enter N/A.	
Pre-Cryo Info provided by: Post Thaw Info provided by: Date:				
Notes				
If questions, please contact Stem Cell Lab Manager @ 919-668-1178 or designee @ 919-668-1170. Please FAX form back to 919-684-1555				
Contact Info: Name of	Person at Transplant Facility /	E-mail address	Phone Number	
Results Reviewed by: STCL Medical Director Signature (DUKE) or designee Date			Date	

STCL-DIST-006 FRM3 Post Thaw Evaluation Worksheet Stem Cell Laboratory, DUMC Durham, NC

Signature Manifest

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All dates and times are in Eastern Time.

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(**, (* 202)			

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Medical Director

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Quality

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John Carpenter (JPC27)	1	05 May 2015.	10.20.00 AM	Approved

Document Release

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Sandy Mulligan (MULLI026)		05 May 2015, 08:56:22 PM	Approved