



STEM CELL LABORATORY (STCL)



DOCUMENT NUMBER: STCL-EQUIP-011 FRM1

DOCUMENT TITLE:

BacT Alert Log Sheet FRM1

DOCUMENT NOTES:

4D.215 9D.213

Document Information

Revision: 05

Vault: STCL-Equipment-rel

Status: Release

Document Type: Equipment

Date Information

Creation Date: 28 Feb 2019

Release Date: 09 Apr 2019

Effective Date: 09 Apr 2019

Expiration Date:

Control Information

Author: WATE02

Owner: WATE02

Previous Number: STCL-EQUIP-011 FRM1 Rev  **Change Number:** STCL-CCR-446

STCL-EQUIP-011 FRM1
Stem Cell Laboratory, Duke University Medical Center
2400 Pratt Street, Suite 1300, Durham, NC
BacTAlert Logsheet

Date	Time	Recipient's / Donor's Name	History #	Product Type	Culture Bottle Barcode	Comments

FIELD	REQUIREMENT
Date	Enter the date the culture bottles were inoculated
Time	Enter the time the culture bottles were inoculated
Name	Enter the recipient's and/or donor's name in this field. If a cord blood unit is processed that does not have a recipient/donor name associated with it, enter the unit ID# assigned to the product in this location. Use the comments section if additional space is needed to record information.
History Number	Enter the recipient's and/or donor's History # (medical record number) in this field. Use the comments section if additional space is needed to record information.
Product Type	Enter the type of product that was inoculated (<i>i.e. marrow, apheresis, cord blood, etc.</i>)
Culture Bottle Barcode	Place the barcode ID# removed from each culture bottle (<i>aerobic and anaerobic</i>) in this field.
Comments	Enter any additional information or comments associated with the set of bottles being inoculated (<i>ie. donor's name, donor's history #, etc</i>)

Signature Manifest**Document Number:** STCL-EQUIP-011 FRM1**Revision:** 05**Title:** BacT Alert Log Sheet FRM1

All dates and times are in Eastern Time.

STCL-EQUIP-011 FRM1 BacT Alert Log Sheet**Author**

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Document Release

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