



STEM CELL LABORATORY (STCL)



DOCUMENT NUMBER: STCL-PROC-004 FRM1

DOCUMENT TITLE:

Granulocyte Pheresis Worksheet FRM1

DOCUMENT NOTES:

Document Information

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Control Information

Author: WATE02

Owner: WATE02

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Change Number: STCL-CCR-310

GRANULOCYTE PHERESIS WORKSHEET

Date Processed: _____

Date Collected: _____

Patient Name: _____ Donor Name: _____

History Number: _____ History Number: _____

ABO/Rh confirmed as _____ By: _____

Patient Weight: _____ Procedure Number: _____ Processed By: _____

Type of Processing: _____ Straight split _____ RBC reduction
 _____ Plasma reduction _____ RBC and plasma reduction

	CELL COUNT (x 10e6/mL)	VOLUME (mL)	TOTAL CELLS (x 10e10)	CELLS/ KG (x 10e9)	HCT (%)	VIAB. (%)	Date Infused
TOTAL							
DOSE # 1							
DOSE # 2							
DOSE # 3							

COMMENTS _____

I certify that all reagents and supplies used in the processing of this product show no signs of contamination, irregularities, defects, or flaws.

Date _____ Initials _____

I certify that all heat sealed tubing and all sterile welded tubing used in the processing of this product exhibits no sign of leakage, irregularities, defects, or flaws.

Date _____ Initials _____

I certify that the biological safety cabinet (BSC) used to prepare this cellular product was cleaned before and after use.

Date _____ Initials _____

STCL-PROC-004 FRM1 Granulocyte Pheresis Worksheet
 Stem Cell Laboratory, DUMC
 Durham, NC

Signature Manifest**Document Number:** STCL-PROC-004 FRM1**Revision:** 01**Title:** Granulocyte Pheresis Worksheet FRM1

All dates and times are in Eastern Time.

STCL-PROC-004 FRM1 Granulocyte Pheresis Worksheet FRM1**Author**

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Document Release

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