



## STEM CELL LABORATORY (STCL)



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Checklist for 37 Degree Thaws Performed Off-Site

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**Author:** WATE02

**Owner:** WATE02

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### Checklist for 37° C Thaws Performed Off-Site

- ☐ Call the CCBB Laboratory to request the use of a charged, validated dry shipper the day before infusion.
- ☐ Call N9200 (*or other off-site location*) to set up an infusion time the day before infusion.
- ☐ Day of infusion, call N9200 (*or other off-site location*) to confirm infusion time and make sure the water bath gets set up 30 minutes prior to scheduled infusion time.
- ☐ Get charged, validated dry shipper from the CCBB Laboratory. Activate temperature logger before loading cellular products in the dry shipper.
- ☐ Load travel bag with the supplies listed below.
  - ☐ 60 mL Syringes
  - ☐ 10 mL Syringes (*if volume of bag is greater than 60 mL/bag*)
  - ☐ 3 mL tuberculin syringe
  - ☐ Double 4-way Stopcock
  - ☐ Plasma Transfer Set with Coupler & Needle Adapter
  - ☐ Disposable lab coat (*yellow gown or equivalent*)
  - ☐ Alcohol wipes
  - ☐ Small test tube (*for count/viability sample*)
  - ☐ Male/Female sterile caps
  - ☐ Sterile thawing bags
  - ☐ MO226 Form
  - ☐ Copy of Donor Eligibility Testing
  - ☐ Insulated cryopreservation gloves & regular gloves (*non-latex or equivalent*)
  - ☐ Cleaning wipes, located on N9200 (*but may need to take them if thaw is at another off-site location*)
  - ☐ Alcohol spray bottle
  - ☐ Demand 128 labels for each bag being thawed. If volume is greater than 60 ml, make two labels per bag.
  - ☐ Small biohazard bag for transporting cell count/viability sample back to the Stem Cell Lab.
- ☐ **Double check (with a 2<sup>nd</sup> technologist) the labeling of each cellular product bag when placing the cells inside the dry shipper BEFORE leaving for off-site location with the courier**
- ☐ Print dry shipper temperature log upon return to the North Pavilion to keep with laboratory records.
- ☐ Complete all laboratory worksheets, data entry, etc, upon return to the lab; provide documentation to laboratory manager for review, preparation of reinfusion report, *if applicable*.

**Signature Manifest****Document Number:** STCL-PROC-021 JA1**Revision:** 01**Title:** Checklist for 37 Degree Thaws Performed Off-Site

All dates and times are in Eastern Time.

**STCL-PROC-021 JA1 Checklist for 37 Degree Thaws Performed Off-Site****Author**

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		31 Mar 2016, 08:15:25 AM	Approved

**Manager**

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		31 Mar 2016, 08:15:45 AM	Approved

**Medical Director**

Name/Signature	Title	Date	Meaning/Reason
Joanne Kurtzberg (KURTZ001)		05 Apr 2016, 10:30:24 AM	Approved

**Quality**

Name/Signature	Title	Date	Meaning/Reason
John Carpenter (JPC27)		05 Apr 2016, 11:15:57 AM	Approved

**Document Release**

Name/Signature	Title	Date	Meaning/Reason
Sandy Mulligan (MULLI026)		05 Apr 2016, 07:31:52 PM	Approved