



STEM CELL LABORATORY (STCL)



DOCUMENT NUMBER: STCL-PROC-038 FRM2

DOCUMENT TITLE:

Certificate of Analysis for CD45RA+ Depleted Donor Lymphocytes Infusion

DOCUMENT NOTES:

Document Information

Revision: 01

Vault: STCL-Processing-rel

Status: Release

Document Type: STCL-Processing

Date Information

Creation Date: 20 Dec 2012

Release Date: 14 Jan 2013

Effective Date: 14 Jan 2013

Expiration Date:

Control Information

Author: WATE02

Owner: WATE02

Previous Number: None

Change Number: STCL-CCR-047

CERTIFICATE of ANALYSIS for CD45RA+ DEPLETED DONOR LYMPHOCYTE INFUSION

Stem Cell Lab, Duke Medical Center, Pratt Street, Durham, NC

Stem Cell Lab, Duke Medical Center, Pratt Street, Durham, NC

Date of Collection: _____
 Date of Selection: _____
 Volume for infusion: _____

Barcode

Donor Type: (Check ONE appropriate match)

____ 3 - 5/6 Matched/Related ____ 6/6 Matched/Related ____ 8/8 Matched/Unrelated

Cell Dose (CD3+ cells/kg): (Check ONE)

- ☐ 1 x 10⁴/kg
 ☐ 1 x 10⁵/kg
 ☐ 3 x 10⁵/kg
 ☐ 1 x 10⁶/kg
 ☐ 3 x 10⁶/kg
☐ 5 x 10⁶/kg
 ☐ 1 x 10⁷/kg
 ☐ 5 x 10⁷/kg
 ☐ 1 x 10⁸/kg

TEST	SPECIFICATION	RESULT	PASS?
VIABILITY	≥ 70%		
PURITY (CD45RA+ Cells)	≤ 10%		
ENDOTOXIN	≤ 5EU/kg/hr	Minimum infusion time _____ minutes	
GRAM STAIN	No Organisms Seen		

Technologist Completing Certificate: _____ Date: _____

MD Notified of release testing failure (if applicable): _____

Date and Time Notified (if applicable): _____

MD confirming / accepting product specifications prior to infusion:

Print Physician's Name_____
Physician's Signature / Pager#

Tech notifying physician: _____ Date/Time: _____

Comments: _____

Quality or Laboratory Manager Signature_____
Date

STCL-PROC-038 FRM2 Certificate of Analysis for CD45RA+ Depleted Donor Lymphocytes Infusion
 Stem Cell Laboratory, DUMC
 Durham, NC

Signature Manifest**Document Number:** STCL-PROC-038 FRM2**Revision:** 01**Title:** Certificate of Analysis for CD45RA+ Depleted Donor Lymphocytes Infusion**STCL-PROC-038 FRM2 COA CD45RA+****Author Approval**

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		21 Dec 2012, 04:24:55 PM	Approved

Manager Approval

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		21 Dec 2012, 04:25:25 PM	Approved

Medical Director Approval

Name/Signature	Title	Date	Meaning/Reason
Joanne Kurtzberg (KURTZ001)		21 Dec 2012, 07:19:58 PM	Approved

QA Approval

Name/Signature	Title	Date	Meaning/Reason
Linda Sledge (SLEDG006)		23 Dec 2012, 04:52:03 PM	Approved

Document Release

Name/Signature	Title	Date	Meaning/Reason
Sandy Mulligan (MULLI026)		14 Jan 2013, 04:11:34 PM	Approved

Notification

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		14 Jan 2013, 04:11:35 PM	Email Sent
Sharon Hartis (SH259)		14 Jan 2013, 04:11:35 PM	Email Sent
Linda Sledge (SLEDG006)		14 Jan 2013, 04:11:35 PM	Email Sent
System Administrator (SYSADMIN)		14 Jan 2013, 04:11:35 PM	Email Sent