

STEM CELL LABORATORY (STCL)



DOCUMENT NUMBER: STCL-PROC-047 FRM2
DOCUMENT TITLE: CliniMACS TCR alpha beta+ T-CELL - CD19+ B-CELL C of A FRM2
DOCUMENT NOTES:

Document Information

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Control Information

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Owner: WATER002

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STCL-PROC-047 FRM2 CLINIMACS TCRαβ+ T-CELL / CD19+ B-CELL REDUCTION CERTIFICATE OF ANALYSIS

ISBT 128 Barcode

RECIPIENT DEMOGRAPHIC LABEL DONOR DEMOGRAPHIC LABEL

Date of Collection:	Date of TCR α β+ T-Cell / CD19+ B-C	ell Depletion:	
HLA Match (Check ONE) 8/8] 7/8 □ 6/8 □ 5/8 □ 4/8 <u>OR</u> □ 6/6	□ 5/6 □ 4/	6 🗆 3/6
TEST	SPECIFICATION	RESULT	PASS?
VIABILITY	> 70 % of TNC are viable (post selection)		
CD34+ x 10e6 cells/kg	> 5 x 10e6 CD34+ cells/kg		
TCR α β+ T-cells/kg	≤1 x 10e5 cells/kg		
CD19+ cells/kg Reported		N/A	N/A
CD20+ cells/kg	<1 x 10e5 CD20+ cells/kg* NOTE: *If CD20+ cells/kg is >1 x10e5 CD20+ cells/kg, MD must give patient rituximab 375 mg/m² x 1 IV on day +1; reflect MD notification in designated space below.	N/A	N/A
ENDOTOXIN TESTING	<eu ml<="" td=""><td></td><td></td></eu>		
GRAM STAIN	NO ORGANISMS SEEN		
This donor has been success	fully screened and has been determined eligible i	to donate these c	ells.
Technologist Completing Certific	ate: Date: _		
*Attending physician informed	of the need to give Rituximab 375 mg/m² x 1 IV o	on day +1 🗆 Ye	s 🗆 No
In the event of criteria failure, the atte decision can be made regarding the st	nding physician will be notified by e-mail, text pa atus of the final infusion product.	ige, or phone cal	ll so a
MD Notified (if applicable)	Date and Time Notified:		
Technologist Notifying MD (if appli	cable):		
MD confirming product specifica	tions prior to infusion:		
		ture / Pager #	
Quality or Laboratory Ma	nager Date		

STCL-PROC-047 FRM2 CliniMACS TCR $\alpha\beta$ + T-Cell – CD19+ Reduction Certificate of Analysis Stem Cell Laboratory, DUMC Durham, NC

Signature Manifest

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All dates and times are in Eastern Time.

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