



## STEM CELL LABORATORY (STCL)



**DOCUMENT NUMBER:** STCL-SOP-030 FRM1

**DOCUMENT TITLE:**

STCL ISBT Barcode Label Release Log FRM1

**DOCUMENT NOTES:**

### Document Information

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**Status:** Release

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**Expiration Date:**

### Control Information

**Author:** WATER002

**Owner:** WATER002

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**STCL-SOP-030 ISBT Barcode Label Release Log**  
**Department Name (Check ONE): ( ) Stem Cell Laboratory ( ) Apheresis Area**

	ISBT Barcode	Date	Recipient's Name	Recipient's History # or ID#	Donor's Name	Donor's History # or ID #	Cellular Product Type	Comments
1							<input type="checkbox"/> HPC, Apheresis <input type="checkbox"/> HPC, Marrow <input type="checkbox"/> MNC, Apheresis <input type="checkbox"/> HPC, Cord <input type="checkbox"/> Other _____	
2							<input type="checkbox"/> HPC, Apheresis <input type="checkbox"/> HPC, Marrow <input type="checkbox"/> MNC, Apheresis <input type="checkbox"/> HPC, Cord <input type="checkbox"/> Other _____	
3							<input type="checkbox"/> HPC, Apheresis <input type="checkbox"/> HPC, Marrow <input type="checkbox"/> MNC, Apheresis <input type="checkbox"/> HPC, Cord <input type="checkbox"/> Other _____	
4							<input type="checkbox"/> HPC, Apheresis <input type="checkbox"/> HPC, Marrow <input type="checkbox"/> MNC, Apheresis <input type="checkbox"/> HPC, Cord <input type="checkbox"/> Other _____	
5							<input type="checkbox"/> HPC, Apheresis <input type="checkbox"/> HPC, Marrow <input type="checkbox"/> MNC, Apheresis <input type="checkbox"/> HPC, Cord <input type="checkbox"/> Other _____	
6							<input type="checkbox"/> HPC, Apheresis <input type="checkbox"/> HPC, Marrow <input type="checkbox"/> MNC, Apheresis <input type="checkbox"/> HPC, Cord <input type="checkbox"/> Other _____	
7							<input type="checkbox"/> HPC, Apheresis <input type="checkbox"/> HPC, Marrow <input type="checkbox"/> MNC, Apheresis <input type="checkbox"/> HPC, Cord <input type="checkbox"/> Other _____	
8							<input type="checkbox"/> HPC, Apheresis <input type="checkbox"/> HPC, Marrow <input type="checkbox"/> MNC, Apheresis <input type="checkbox"/> HPC, Cord <input type="checkbox"/> Other _____	

N/A = (Not Applicable)

### **Instructions for Filling out ISBT Log**

- 1) Distribution of ISBT barcodes:
  - a) Include ISBT 128 barcode that is issued.
  - b) Record the date the barcode was used.
  - c) Record the recipient's name (if applicable).
  - d) Record the recipient's history # (if applicable).
  - e) Record the donor's name (if applicable).
  - f) Record the donor's history # (if applicable).
  - g) Record the cellular product in which the barcode was issued.

**Signature Manifest****Document Number:** STCL-SOP-030 FRM1**Revision:** 03**Title:** STCL ISBT Barcode Label Release Log FRM1**Effective Date:** 17 Oct 2022

All dates and times are in Eastern Time.

**STCL-SOP-030 FRM1 STCL ISBT Barcode Label Release Log****Author**

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATER002)		05 Oct 2022, 04:36:12 PM	Approved

**Management**

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATER002)		05 Oct 2022, 04:36:27 PM	Approved

**Medical Director**

Name/Signature	Title	Date	Meaning/Reason
Joanne Kurtzberg (KURTZ001)		05 Oct 2022, 05:09:52 PM	Approved

**Quality**

Name/Signature	Title	Date	Meaning/Reason
Isabel Storch De Gracia (IMS19)		06 Oct 2022, 12:28:03 PM	Approved

**Document Release**

Name/Signature	Title	Date	Meaning/Reason
Sandra Mulligan (MULLI026)		11 Oct 2022, 06:11:17 PM	Approved