



STEM CELL LABORATORY (STCL)



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DOCUMENT TITLE:

STCL ISBT Barcode Label Release Log FRM1

DOCUMENT NOTES:

Document Information

Revision: 03

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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**

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Document Release

Name/Signature	Title	Date	Meaning/Reason
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