

# STEM CELL LABORATORY (STCL)



DOCUMENT NUMBER: STCL-SOP-045	MENT NUMBER: STCL-SOP-045 FRM1		
DOCUMENT TITLE: Record of Discard			
DOCUMENT NOTES:			
Document Information			
Revision: 05	Vault: STCL-Processing-rel		
Status: Release	Document Type: SOPs		
Date Information			
Creation Date: 17 Dec 2012	Release Date: 01 Jan 2013		
Effective Date: 01 Jan 2013	Expiration Date:		
Control Information			
Author: WATE02	Owner: WATE02		

# **Duke University Medical Center Stem Cell Laboratory** Durham, NC 27705

# RECORD OF DISCARD

Recipient Name	,	Hospital Number	
Product TypeDate proces			
	REASON for DISCA	RD of CELLULAR PRODUCT	
□ Documentat	ion of Death		
	at 12 P. I.	(Attach supporting documentation)	
□ No Further	Need for Product	(Attach supporting documentation)	
	AUTHORIZ	ATION FOR DISCARD	
Medical Directo	or Signature	Date	
Laboratory Mar	nager Signature	Date	
Program Directo	or or Recipient's Physic	cian (if applicable)Date	
Recipient's auth	norization (if applicable)	Date	
Quality Manage	er Signature	Date	
Technologist	ISBT	ous waste  as IRB exempt product to research, Investigator	
Disposal of Produc		•	
		Storage Location	
Technologist Disposition	Discarded as biohazard	ous waste us IRB exempt product to research, Investigator	
Disposal of Produc	<u>et</u>		
Date of Disposal _	ISBT	Storage Location	
Technologist		<u></u>	
Technologist		·	
Disposition	Discarded as biohazard	ous waste	
	Discarded as anonymor	us IRB exempt product to research, Investigator	

Field	Requirement
Recipient Name and Hospital Number	Enter recipient's name and hospital
	number.
Product Type, Type of Processing, Date	Enter Product Type, Type of Processing,
processed	Date processed for each unit.
ISBT Numbers	Enter unique identifier.
Condition for Disposition	Check appropriate box and attach
	supporting documentation.
Authorization for Disposition	Signatures of medical director and
	laboratory manager and quality manager
	are required. If cellular products are
	being discarded / disposed for a
	recipient who is still living, the
	recipient's physician and the recipient
	are also required to sign the Record of
	Discard.
Disposition of product	Enter date of disposition, ISBT # of
	product being discarded, and storage
	location of product(s). Signatures of the
	two technologists who verified the product
	for disposition and method of disposition.

# Signature Manifest

**Document Number: STCL-SOP-045 FRM1** 

Revision: 05

Title: Record of Discard

All dates and times are in Eastern Time.

#### STCL-SOP-045 FRM1 Record of Discard

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Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		19 Dec 2012, 02:05:21 PM	Approved

# **Manager Approval**

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)	errollean first i versicht deur der Siebertricht zu der Abertricht eine Abertricht der Abertrich	19 Dec 2012, 02:05:58 PM	Approved

#### **Medical Director Approval**

Name/Signature	Title	Date	Meaning/Reason
			4
Joanne Kurtzberg		19 Dec 2012, 03:07:42 PM	Approved
(KURTZ001)		13 DCC 2012, 03.07.72 1 W	7 ippiored

#### **QA Approval**

Name/Signature	Title	Date		Meaning/Reason
Linda Sledge (SLEDG006)		19 Dec 2012, 03:13	3:17 PM	Approved

#### **Document Release**

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Name/Signature	Title	Date	Meaning/Reason
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Sandy Mulligan (MULLI0	26)	21 Dec 2012, 11:08	3:27 AM Approved

#### Notification

Name/Signature	Title	Date `	Meaning/Reason
Betsy Jordan (BJ42)		21 Dec 2012, 11:08:28 AM	Email Sent
Sharon Hartis (SH259)		21 Dec 2012, 11:08:28 AM	Email Sent
Linda Sledge (SLEDG006)		21 Dec 2012, 11:08:28 AM	Email Sent
Barbara Waters-Pick (WATE02)		21 Dec 2012, 11:08:28 AM	Email Sent

# Review: STCL-SOP-045 FRM1 05

# Review

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)	CONTROL OF THE PARTY OF THE PROPERTY OF THE PARTY OF THE	04 Nov 2014, 07:26:22 PM	Reviewed
Betsy Jordan (BJ42)		10 Nov 2014, 09:28:15 AM	Reviewed
John Carpenter (JPC27)		10 Nov 2014, 09:50:55 AM	Reviewed
Joanne Kurtzberg (KURTZ001)		10 Nov 2014, 04:55:33 PM	Reviewed
Sharon Hartis (SH259)		11 Nov 2014, 09:23:37 AM	Reviewed