

# TRANSPORT OF STEM CELL PRODUCT AUDIT



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## DONOR AND PATIENT INFORMATION

GRID:	PATIENT IDs:	
DONOR IDs:	PATIENT NAME:	DOB (DD.MM.YYYY):
NAME & CITY OF COLLECTION CENTER:	NAME & CITY OF TRANSPLANT CENTER:	

## PREPARATION OF TRANSPORTATION BOX (to be completed by courier)

Moment of removal of cooling elements from	fridge <input type="checkbox"/>	or	freezer <input type="checkbox"/>	Date: _____	Time: _____
				(DD.MM.YYYY)	(HH:MM, 24h local)
Data logger serial number 1:	2:	Transport box: _____			

## STEM CELL PRODUCT INFORMATION (to be completed by Collection Center)

<b>TYPE OF STEM CELLS COLLECTED:</b> <input type="checkbox"/> PERIPHERAL BLOOD STEM CELLS <input type="checkbox"/> BONE MARROW <input type="checkbox"/> T-CELLS / DLI / MNC <input type="checkbox"/> OTHERS MEDICAL PRODUCTS	<b>COLLECTION DATE(S):</b> _____ (DD.MM.YYYY) _____ (DD.MM.YYYY)	<b>AMOUNT RECEIVED:</b>  PRODUCT BAGS _____ SAMPLES/TUBES _____ PLASMA BAGS _____	<b>PRODUCT STORED:</b> OVERNIGHT? NO <input type="checkbox"/> YES <input type="checkbox"/> <input type="checkbox"/> 2 - 8 °C <input type="checkbox"/> ≤ -155 °C <input type="checkbox"/> ROOM TEMPERATURE MONITORED BY: _____
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## PRODUCT, LABELLING AND/OR ACCOMPANYING DOCUMENTATION

	YES	NO		YES	NO
Unique donation reference code (SEC, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Date and end time of collection/time zone	<input type="checkbox"/>	<input type="checkbox"/>
Proper name of product	<input type="checkbox"/>	<input type="checkbox"/>	Product expiration date and time/time zone	<input type="checkbox"/>	<input type="checkbox"/>
Correct GRID/Donor ID	<input type="checkbox"/>		Name and volume of anticoagulant/additives	<input type="checkbox"/>	<input type="checkbox"/>
Correct Patient ID	<input type="checkbox"/>		Storage/transport temperature	<input type="checkbox"/>	<input type="checkbox"/>
Donor ABO/Rh type	<input type="checkbox"/>	<input type="checkbox"/>	Biohazard label, if applicable	n/a <input type="checkbox"/>	<input type="checkbox"/>
Product volume/cell count	<input type="checkbox"/>	<input type="checkbox"/>	Name and contact information of CC and TC	<input type="checkbox"/>	<input type="checkbox"/>
Product information completed	<input type="checkbox"/>	<input type="checkbox"/>	Product bag(s) intact	<input type="checkbox"/>	

## LABELLING OF SAMPLES/TUBES

	YES	NO		YES	NO
Correct GRID/Donor ID	<input type="checkbox"/>		Date and time of collection/time zone	<input type="checkbox"/>	<input type="checkbox"/>
Correct Patient ID	n/a <input type="checkbox"/>	<input type="checkbox"/>	Specimen type/name of additives	<input type="checkbox"/>	<input type="checkbox"/>

## DATE AND TIME STEM CELL PRODUCT RECEIVED BY COURIER

Date (DD.MM.YYYY):	Time (HH:MM, 24h local):	Time Zone:	Correct thermologger placement (yes): <input type="checkbox"/>	Temperature displayed upon pickup (°C):
Name of Courier:			Signature:	
Name of Collection Center Representative:			Signature:	

## DONOR AND PATIENT INFORMATION

GRID:	PATIENT IDs:	
DONOR IDs:	PATIENT NAME:	DOB (DD.MM.YYYY):

## CUSTOMS DECLARATION (EXPORT)

LOCATION OF CUSTOMS:	<input type="checkbox"/> n/a	Date (DD.MM.YYYY):	Time (HH:MM, 24h local):
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## SECURITY CHECK (cross out if not applicable)

LOCATION OF SECURITY CHECK 1:	Date (DD.MM.YYYY):	Time (HH:MM, 24h local):
Was the box opened for inspection? <input type="checkbox"/> YES <input type="checkbox"/> NO Was the product handled in any way? <input type="checkbox"/> YES <input type="checkbox"/> NO Was the product X-rayed? <input type="checkbox"/> YES <input type="checkbox"/> NO	Comments (incl. approx. length of time transport container was open):	
LOCATION OF SECURITY CHECK 2:	Date (DD.MM.YYYY):	Time (HH:MM, 24h local):
Was the box opened for inspection? <input type="checkbox"/> YES <input type="checkbox"/> NO Was the product handled in any way? <input type="checkbox"/> YES <input type="checkbox"/> NO Was the product X-rayed? <input type="checkbox"/> YES <input type="checkbox"/> NO	Comments (incl. approx. length of time transport container was open):	
LOCATION OF SECURITY CHECK 3:	Date (DD.MM.YYYY):	Time (HH:MM, 24h local):
Was the box opened for inspection? <input type="checkbox"/> YES <input type="checkbox"/> NO Was the product handled in any way? <input type="checkbox"/> YES <input type="checkbox"/> NO Was the product X-rayed? <input type="checkbox"/> YES <input type="checkbox"/> NO	Comments (incl. approx. length of time transport container was open):	
LOCATION OF SECURITY CHECK 4:	Date (DD.MM.YYYY):	Time (HH:MM, 24h local):
Was the box opened for inspection? <input type="checkbox"/> YES <input type="checkbox"/> NO Was the product handled in any way? <input type="checkbox"/> YES <input type="checkbox"/> NO Was the product X-rayed? <input type="checkbox"/> YES <input type="checkbox"/> NO	Comments (incl. approx. length of time transport container was open):	

## CUSTOMS DECLARATION (IMPORT)

LOCATION OF CUSTOMS:	<input type="checkbox"/> n/a	Date (DD.MM.YYYY):	Time (HH:MM, 24h local):
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## DATE AND TIME STEM CELL PRODUCT RECEIVED AT TRANSPLANT CENTER

Date (DD.MM.YYYY):	Time (HH:MM, 24h local):	Time Zone:	Temperature displayed upon delivery (°C):
Name of Courier:		Signature:	
I confirm that I have read the above audit of transport of the product. The product and additional samples/tubes as indicated have been received in good condition within the requested temperature range. Documents for the product have been provided.			
Additional comments: <input type="checkbox"/> n/a			
Name of Transplant Center Representative:		Signature:	