

CHECKLIST FOR VERIFICATION AND LABELING OF HPC PRODUCT

It is the responsibility of the courier to verify the product labeling (primary container) with the information provided by the Registry/Donor Center to ensue they are receiving the correct product for transportation. This check list is be used to ensure that the HPC product is properly labeled, packaged and documented prior to taking receipt. It must be completed and signed by the courier and countersigned by the individual from the Collection Center handling over the product.

General information

Donor ID number:	Donor's Registry:
Donor GRID:	

Product volume per bag

Number f bags: (for bone marrow must be ≥ 2)	Volume bag 1:	mls	Volume bag 2:	mls
bone marrow PBSC I	Volume bag 3:	mls	Volume bag 4:	mls

Product labeling

Product labeling	verifier	courier
1. Product label is adhered to each bag		
2. Proper name of product appears on label exactly as follows (check below):		
Marrow: "Hematopoietic Progenitor Cells, Marrow"		
PBSC: "Hematopoietic Progenitor Cells, Apheresis"		
Lymphocytes: "Therapeutic Cells, T-cells"		
3. Donor ID is correct		
4. Recipient ID is correct		
5. Intended recipient's last name (minimum requirement)		
6. Collection date and time (including time zone) are complete on label		
7. Type of anticoagulant and volumes (ensure anticoagulant specified on prescription form has been used)		
8. Other additives and volumes are specified		
9. Volume of the component		
10. Donor ABO group and Rhesus type		
11. The donor name does NOT appear oh the label		
12. Product delivery information is complete		

Tube labeling	verifier	courier
13. All blood tubes have a completed label adhered		
14. Donor ID is correct		
15. Recipient ID is correct		
16. Specimen type		
17. Collection date and time		
18. The donor name does NOT appear on the blood tube label		

Product and tube packaging	verifier	courier
19. Each product is placed inside a second sealed bag		
20. Record the total number of blood sample tubes here:		
21. Do the blood tube volumes approximate what the TC requested ? ☐ YES ☐ NO ⇒ if no, please explain:		
22. Product packed according to transplant's center temperature / packing requirements:		
23. Checked that there is no risk of the spike puncturing the bag if any samplers remain in the bag		





	Donor ID number: D	Donor's Registry:
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Donor GRID:

Documentation accompanying product	verifier	courier
24. Adequate absorbent material in outer container to contain entire volume of primary component		
25. Bags placed for transport in outer rigid, thermally insulated shipping container		
26. Letter for security inspection from Donor center (if required)		
27. Collection report		

Verification signatures

Product collection center	I have examined all products, samples, and condition according to the above checklist	nd documents and verify that they are accurate t.	ely ad completely prepared in good
	Name	Signature	Date

I have examined all products, samp according to the above checklist.	es, and documents	and verify that	t they are	accurately a	d completely	prepared
Name	Signature			Date		

	Product, sample(s) and documentation received at	: Time	AM/PM Time zone	Date
Transplant center	ure specifications listed above	≩ 🗌 YES 🗌 NO		
	If no, describe:			
	Name Signature			

PLEASE RETURN COMPLETED FORM TO CNMDR - FAX:

+420 373 034 442

A copy of this completed report should be retained by the Collection center. The original of this report MUST travel with the product for delivery to the Transplant centre.