

## TRANSPORT OF STEM CELL PRODUCT AUDIT

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PATIENT DATA		DONOR DATA	
Patient name:		Donor ID: (assigned by donor registry)	
Patient ID: (assigned by patient registry)		Donor ID: (assigned by EMDIS)	
Patient ID: (assigned by donor registry)		Donor GRID:	
Patient registry:		Donor registry:	
Transplant center:		Collection center:	
Transplant date: (YYYY-MM-DD)		Collection date(s): (YYYY-MM-DD)	

DONOR REGISTRY DETAILS		
Contact person at donor registry:	Fax:	Email:

SECTION A: stem cell product data			
Type of stem cells collected:	Number of bags collected:	Collection date(s) (YYYY-MM-DD):	
Was the product of part of the product stored overnight?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, where was the product stored and at what temperature?			
How was this monitored?			

SECTION A: START OF STEM CELL PRODUCT TRANSPORT		
Date (YYYY-MM-DD) stem cell product received by courier:		Time: (24h & local time)
Name of courier:	Date (YYYY-MM-DD):	Courier signature:
Collection center representative:	Date (YYYY-MM-DD):	Collection center signature:

SECTION B: SECURITY CHECK 1	
Date (YYYY-MM-DD) and time (24h & local time zone) security check:	
Location of security check:	
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 secondary container was open):	

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Patient ID: (assigned by donor registry)	Donor ID: (assigned by EMDIS)
	Donor GRID:

SECTION B: SECURITY CHECK 2
Date (YYYY-MM-DD) and time (24h & local time zone) security check:
Location of security check:
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 secondary container was open):

SECTION B: SECURITY CHECK 3
Date (YYYY-MM-DD) and time (24h & local time zone) security check:
Location of security check:
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 secondary container was open):

SECTION B: END OF STEM CELL PRODUCT TRANSPORT		
Date (YYYY-MM-DD) stem cell product received at transplant center:	Time: (HH:MM & local time zone)	
Courier name:	Date (YYYY-MM-DD):	Courier signature:

Were there any problems during transport? If YES, please describe:

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SECTION C: CONFIRMATION OF TRANSPLANT CENTER		
I confirm that I have read the above audit of transport of the product and on initial exam of all bags of: All products appear to be in a satisfactory condition.		
Additional comments:		
Transplant center representative:	Date (YYYY-MM-DD):	Transplant center signature:

NOTIFICATION TO DONOR REGISTRY OF STEM CELL PRODUCT DELIVERY		
Please send this document as soon as possible to:		
Contact person at donor registry:	Fax:	Email: