

T30

TRANSPORT OF STEM CELL PRODUCT AUDIT

Page **1** of **2**

PATIENT DATA						
Patient first name:		Patient last name:	Patient last name:			
Patient registry:						
Transplant centre:						
Patient ID:		Patient ID:	Patient ID:			
(assigned by patient registry)		(assigned by donor registry	(assigned by donor registry)			
Transplant date:(YYYY-MM-DD)						
DONOR DATA						
Collection centre:						
Donor registry:						
Donor ID:		Donor ID:	Donor ID:			
(assigned by donor registry)		(assigned by EMDIS)	(assigned by EMDIS)			
GRID:						
Collection date 1:			Collection date 2:			
(YYYY-MM-DD)		(YYYY-MM-DD)	(YYYY-MM-DD)			
DONOR REGISTRY DETAILS						
Contact person donor registry:						
Fax:						
Type of stem cells collected:	Number of bags collecte	d: Collection date(s): (YYYY-MM-DD)				
Was the product or part of the product stored overnight? \(\text{Yes}\) \(\text{ONo}\)						
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		Time:				
product received by courier:			n & local time)			
Name of courier:	Date: (YYYY-MM-D	D)	Courier signature:			
Collection centre representative	: Date: (YYYY-MM-D	D)	Collection centre 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?						
Was the product handled in any	way? OYes ONo					
Was the product X-rayed?						
Comments (incl. approx. length of time secondary container was open):						



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Page **2** of **2**

PATIENT DATA						
		Dationt ID:				
Patient ID: (assigned by patient registry)		Patient ID: (assigned by donor registry)				
(100.6.00.07)		(100.8.101.17				
DONOR DATA						
Donor ID:		Donor ID:				
(assigned by donor registry)		(assigned by EMDIS)				
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?	Yes No					
Was the product handled in any way?	○Yes ○No					
Was the product X-rayed?	Yes No					
Comments (incl. approx. length of time s	<u> </u>	r was open):				
comments (men approx. length of time secondary container was open).						
CECTION D. CECUDITY CHECK 2						
SECTION B: SECURITY CHECK 3						
Date (YYYY-MM-DD) and time (24h & local time zo	ne) Security check:					
Location of security check:	OV ON .					
Was the box opened for inspection?	○Yes ○No					
Was the product handled in any way?	Yes No					
Was the product X-rayed?	Yes No					
Comments (incl. approx. length of time s	econdary containe	r was open):				
SECTION B: END OF STEM CELL PRODUC	T TRANSPORT					
Date (YYYY-MM-DD) stem cell product	T TRANSFORT	Times (un s				
received at transplant centre:	Time: (нн:мм & local time zone)					
Courier name:	Date: (YYYY-MM-DD)	Total time 2011	Courier signature:			
Courier marrie.	Date. (TTT-WW-DD)		Courier signature.			
SECTION C: CONFIRMATION OF TRANSPLANT CENTRE						
I confirm that I have read the above audit of transport of the product and examined all bags of:						
·						
All products appear to be in a satisfactory condition. Additional comments:						
	Data: (\aaaa \aaa \aaa		Transplant contro signaturo:			
Transplant centre representative:	Date: (YYYY-MM-DD)		Transplant centre signature:			
NOTIFICATION TO DONOR REGISTRY OF STEM CELL PRODUCT DELIVERY						
Please send this document as soon as possible to:						
Contact person donor registry:	33,510 (0.					
Fax:	Email:					
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