



| PATIENT DATA | |
|---|---|
| Patient first name: | Patient last name: |
| Patient registry: | |
| Transplant centre: | |
| Patient ID: (assigned by patient registry) | Patient ID: (assigned by donor registry) |
| Transplant date:(YYYY-MM-DD) | |

| DONOR DATA | |
|---|------------------------------------|
| Collection centre: | |
| Donor registry: | ION: |
| Donor ID: (assigned by donor registry) | Donor ID: (assigned by EMDIS) |
| GRID: | |
| Collection date 1: (YYYY-MM-DD) | Collection date 2: (YYYY-MM-DD) |

| DONOR REGISTRY DETAILS | | |
|---|---------------------------|----------------------------------|
| Contact person donor registry: | | |
| Fax: | Email: | |
| Type of stem cells collected: | Number of bags collected: | Collection date(s): (YYYY-MM-DD) |
| Was the product or part of the product stored overnight? <input type="radio"/> Yes <input type="radio"/> 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 centre representative: | Date: (YYYY-MM-DD) | 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? | <input type="radio"/> Yes <input type="radio"/> No |
| Was the product handled in any way? | <input type="radio"/> Yes <input type="radio"/> No |
| Was the product X-rayed? | <input type="radio"/> Yes <input type="radio"/> No |
| Comments (incl. approx. length of time secondary container was open): | |



| PATIENT DATA | |
|---|---|
| Patient ID: (assigned by patient registry) | Patient ID: (assigned by donor registry) |

| DONOR DATA | |
|---|----------------------------------|
| Donor ID: (assigned by donor registry) | Donor ID: (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? <input type="radio"/> Yes <input type="radio"/> No |
| Was the product handled in any way? <input type="radio"/> Yes <input type="radio"/> No |
| Was the product X-rayed? <input type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No |
| Was the product handled in any way? <input type="radio"/> Yes <input type="radio"/> No |
| Was the product X-rayed? <input type="radio"/> Yes <input type="radio"/> 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 centre: | Time: (HH:MM & local time zone) | |
| Courier name: | Date: (YYYY-MM-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: | | |
| 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: | |
| Fax: | Email: |