



Marrow Donor Program Belgium - Registry
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TRANSPORT OF CORD BLOOD UNIT AUDIT (HPC, CB)

Please find enclosed the unit characteristics with all relevant data.

TO BE COMPLETED BY THE CORD BLOOD BANK:

CORD ID:	
Number of bags:	
I certify that the bag(s) is (are) in good condition	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of person delivering unit to the courier:	
Date and time of delivering unit to the courier:	
Tie tag number on dry shipper lid:	
Temperature recording system:	Green light flashing: <input type="checkbox"/> Yes <input type="checkbox"/> No Red light flashing: <input type="checkbox"/> Yes <input type="checkbox"/> No

Person Completing Form:	Signature:	Date (Day/Month/Year):
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TO BE COMPLETED BY THE COURIER:

Name of courier:	
Name of courier company:	
Date and time of pickup at Cord Blood Bank:	
Temperature recording system:	Green light flashing: <input type="checkbox"/> Yes <input type="checkbox"/> No Red light flashing: <input type="checkbox"/> Yes <input type="checkbox"/> No

Person Completing Form:	Signature:	Date (Day/Month/Year):
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TO BE COMPLETED BY THE TRANSPLANT CENTER:

CORD ID:	
Number of bags:	
Number of samples:	
Name of person receiving unit:	
Date and time of reception at TC:	
Temperature recording system:	Green light flashing: <input type="checkbox"/> Yes <input type="checkbox"/> No Red light flashing: <input type="checkbox"/> Yes <input type="checkbox"/> No
If red light flashes please report to Express delivery company AND to the Cord Blood Bank URGENTLY!	
<input type="checkbox"/> The bags and samples were received in good condition	
<input type="checkbox"/> The shipping container was still sealed	
Patient name:	Patient ID number:
Transplant center:	Transplant physician:
Remarks:	

Person Completing Form:	Signature:	Date (Day/Month/Year):
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