



Marrow Donor Program Belgium - Registry
Motstraat 40 2800 Mechelen
Tel: (32) - 15 44 33 96 Fax: (32) - 15 44 36 56
Email : MDPB-registry@rodekruis.be

TRANSPORT OF STEM CELL PRODUCT AUDIT

PATIENT INFORMATION	DONOR INFORMATION
Patient ID:	Donor ID:
Transplant Center:	Collection Center:
Patient Name:	Donor Center:
Transplant Date: (Day/Month/Year)	Collection Date(s): (Day/Month/Year)

STEM CELL PRODUCT INFORMATION (to be completed by Collection Center)

TYPE OF STEM CELLS COLLECTED: <input type="checkbox"/> BONE MARROW <input type="checkbox"/> PERIPHERAL BLOOD STEM CELLS <input type="checkbox"/> LYMPHOCYTES	NUMBER OF BAGS COLLECTED: NUMBER OF BLOOD SAMPLES: DATE(S) OF COLLECTION(S): (DAY/MONTH/YEAR)
Was the product or part of the product stored overnight? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, where was the product stored?	
At what temperature was the product stored?	
How was this monitored?	

START OF STEM CELL PRODUCT TRANSPORT (to be completed by Collection Center and the courier)

Date Stem Cell Product Received by Courier: (Day/Month/Year)	Time Stem Cell Product Received by Courier: (24 hour clock, local time)	
Name of Courier:	Signature:	Date: (Day/Month/Year)
Collection Center Representative:	Signature:	Date: (Day/Month/Year)

SECURITY CHECK (1) (to be completed by the courier)

DATE OF SECURITY CHECK: (DAY/MONTH/YEAR)	TIME OF SECURITY CHECK: (24 HOUR CLOCK, LOCAL TIME) (H:MM AM/PM)
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):	

SECURITY CHECK (2) (to be completed by the courier)

DATE OF SECURITY CHECK: (DAY/MONTH/YEAR)	TIME OF SECURITY CHECK: (24 HOUR CLOCK, LOCAL TIME) (H:MM AM/PM)
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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TRANSPORT OF STEM CELL PRODUCT AUDIT

END OF STEM CELL PRODUCT TRANSPORT (to be completed by the courier)

Date Stem Cell Product Received at Transplant Center: (Day/Month/Year)	Time Stem Cell Product Received at Transplant Center: (local time)	
Name of Courier:	Signature:	Date: (Day/Month/Year)

END OF STEM CELL PRODUCT TRANSPORT (to be completed by the Transplant Center)

I confirm that I have read the above audit of transport of the HSC product and upon on initial examination all bags of Bone Marrow <input type="checkbox"/> PBSC <input type="checkbox"/> (check where applicable), all products appear to be in a satisfactory condition.		
<i>Additional comments:</i>		
Transplant Center Representative:	Signature:	Date: (Day/Month/Year)

INFUSION OF STEM CELL PRODUCT (to be completed by the Transplant Center)

Date of arrival at Transplant Center: (Day/Month/Year)	Time of arrival at Transplant Center: (local time)	
Number of blood samples:	Number of bags:	
Date of infusion of cells: (Day/Month/Year)	Time of infusion of cells: (local time)	
Was <input type="checkbox"/> BM <input type="checkbox"/> PBPC <input type="checkbox"/> LYMPHO manipulated at the transplant center before infusion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Total number of nucleated cells infused:	$x 10^8 =$	$x 10^8/\text{kg}$
Total number of CD 34+ cells infused:	$x 10^6 =$	$x 10^6/\text{kg}$

NOTIFICATION TO THE REGISTRY OF STEM CELL PRODUCT DELIVERY

Please fax this document as soon as possible to: MDPB Registry 0032 15 44 36 56
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