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| --- |
| Issue of IMP or ATMP Product |
|  |

Date BB No

Patient Name Product name

Hospital number Batch number

DOB

|  |  |
| --- | --- |
| Request for issue received and checked |  |
| Check Release authorised |  |
| Time needed confirmed with ward |  |
| Dry shipper primed, shipper insert cooled |  |
| Storage temperature graph printed and checked for excursions |  |
| Pharmacy authorisation checked and product issued in iQemo |  |
| “IMP” requested in Synergy and results entered |  |
| Date returned entered in Synergy RATMP record |  |
| Transport, storage and infusion checklist completed |  |
| Contents label for shipper generated by Checked |  |
| Report and notes label generated from IMP test by Checked |  |
| Information sheets and sterile zip bag in pouch |  |
| Cells removed from Freezer Time by |  |
| Patient’s details checked 1) | 2) |
| Batch number/s checked 1) | 2) |
| Dose checked if applicable 1) | 2) |
| Condition Checked 1) | 2) |
| Placed in shipper Time by |  |
| Shipper label and tag attached Tag Number by |  |
| Freezer storage record amended on inventory sheet |  |
| Delivered To by |  |