
Issue of IMP or ATMP product

Organisation: The Christie Pathology Partnership

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ISSUE OF IMP OR ATMP PRODUCT

Name**Date:****Date of Birth:****BB number****Hospital number****DIN (if applicable)**

Work up	Lot Number	Initials	Checked
Request for issue received and checked			
Time needed confirmed with ward			
Dry shipper primed, shipper insert cooled (if applicable)			
Transport and infusion checklist prepared			
Pharmacy authorisation checked and product issued in iQemo			
“IMP” requested in LIMS and results entered			
Enter date returned in LIMS Receipt record			
Patient requirements in Blood Bank checked			
Details entered On Transplant spread sheet			
Transport label for shipper generated			
Transplant report and patient notes label generated			
Issuing			
Cells removed from Freezer	Time:		
Patient details checked			
Batch/Lot number/s checked			
Dose checked (if applicable)			
Condition Checked			
Placed in shipper	Time:		
Serialised zip tie attached	Tag Number:		
Information sheets and sterile zip bag/s in pouch			
Infusion checklist, transport and patient notes label in pouch			
Inventory sheet amended			
Delivered To:	By:		
Storage temperature graph printed and checked for excursions			