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 0n 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		