



CHECKLIST FOR RECEIPT OF FROZEN CELLULAR PRODUCTS

Name **Date:**
Date of Birth: **BB number**
Hospital number **Product**

Manufacturer/Sponsor **Trial name** **Subject Number**

Please initial when complete. Do not leave blank fields, use NA if not needed.

Manufacturers product specific instructions must be checked prior to receipt and relevant forms completed.

DATE OF RECEIPT:		TIME:	
Lot Number/Batch:		Delivered by:	
Dewar Serial Number:		Received by:	
Confirmatory Checks		Performed by	Checked by
Waybill signed and copy retained			
Delivery details on shipper label or waybill checked			
Tamper-evident ties intact? Yes/No Number/s:			
Online Portal or Logger temperature/status: Alert? Yes/No Temperature on Receipt: Shipper Serial Number			
Product Checks			
<p><i>Ensure tray of dry ice prepared before removing cells. Check specific manufacturer instructions before opening the shipper.</i></p> <p><i>Remove and check each unit separately on dry ice to verify condition and photograph label. Place in designated storage space in LN2 vapour immediately.</i></p>			
Product checked for integrity Photographs taken Saved in shared area and /Printed			
Label on product checked to match the paperwork from supplier and internal patient information Time out of shipper:			
Product paperwork completed: DIN: Unit/Batch Numbers: Expiry Date/s: Volume/s: Dose/s:			



Storage					Input by	Checked by
Time into Storage Tank:						
Tank	Bag No.	Section	Rack	Slot		
Storage card or inventory log completed						
Temperature log printed/saved as PDF and checked						
Documentation						
<i>Documentation as applicable received and checked</i>						
QP release/Certificate of Analysis						
Patient Details						
Serology results/ Donor clearance						
Dose/s						
Volume/s						
Expiry date						
Manufacturer/ Trial Online Portal updated (if applicable)						
Receipt forms and other paperwork provided by Manufacturer completed and returned where applicable.						
Entering Results in the LIMS						
Requested						
Product details and results input						
Patient notes and special requirements input/checked in TDBB						
ATMPs and ATIMPs						
Date received recorded in original record						
COMMENTS:						