CHECKLIST FOR RECEIPT OF FROZEN CELLULAR PRODUCTS

Patient name **DATE**
Patient number **BB number**
DOB

Product

Trial name/ Manufacturer if applicable **Trial subject number if applicable**

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 made available for completion. Where manufacturers/Sponsors have their own checklists these must also be completed.

Receipt		
Time Received:	Date	
Delivered by	Received by	
Confirmatory checks	**Performed by**	**2nd check**
Delivery details on shipper label or weigh bill checked		
Weigh bill/s signed and copy retained		
Tamper-evident ties intact? Number/s :		
Logger temperature/status checked Alert ? Yes/No Temperature on receipt:		
Product checks: ***Check specific manufacturer instructions before opening the original transport Dewar, some need to remain unopened, some to remain in original shipper until ready for verification and storage*** ***Ensure tray of dry ice prepared before removing cells. Keep product on dry ice whilst verifying check each unit separately and return to N2 vapour immediately.***		
Label on cassette checked to match the paperwork from supplier and internal patient information if applicable		
Product checked for integrity		
Label on Product checked to match the paperwork from supplier and internal patient information		

Note DIN, Unit or Batch Numbers, Expiry Date/s, Volume/s and Dose/s if applicable:		
Expiry dates, doses and Volumes match certificate or report		
Putting into Storage	Input by	Checked by
Transferred into shipper/Storage tank		
Storage details Unit/Batch Tank Section Rack Slot		
Storage card and storage log completed/Tank inventory completed		
Documentation		
Documentation as applicable: Received and checked QP release/ Certificate of Analysis Patient details Serology results/ Donor clearance Dose/s Volume/s Expiry		
Receipt forms provided by the manufacturer completed		
Competed forms sent to manufacturer/sponsor as requested		
Temperature log printed and checked		
Entering results in LIMS		
Request		
Product number and any results e.g. dose		
Patient notes and requirements input/checked in LIMSB		
ATMPs and ATIMPs		
Complete fields in original record		

Request RATMP and complete fields		
Trial or drug specific paperwork completed and checks made		

Comments