



# Request for issue of cryopreserved

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# FRM5660/2 – Request for issue of cryopreserved IMP



**Blood and Transplant**  
Effective date: 09/11/2020

This form must be completed by the trial site to request an NHSBT laboratory to issue a cryopreserved Investigational Medicinal product.

Part A – To be completed by medical staff/trial coordinator

Product Name:	Eudract number:
Requesting hospital and address:	
Tel:	Fax:
Email:	

**Product details**

Dose required	
Date required	
Patient ID	
Patient DoB	

**Requested by**

Name (print)..... Signature.....  
 Job title..... Date..... Time.....  
 Email..... Fax.....

<b>Send completed form to:</b>
Address:.....
Or alternatively: Fax..... / Email.....

Part B

To be completed by ATU staff
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Bag/ampoule confirmed Ok to issue .....YES / NO (circle)

Name (print)..... Signature.....  
 Job title..... Date..... Time.....

Batch number	Cryopreservation date	Expiry date	N° of bags /vials	Dose
Total dose issued				

**Controlled if copy number stated on document and issued by QA**  
(Template Version 03/02/2020)