



Stem Cell Lab Visit Report

Organisation: The Christie

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Stem Cell Lab Visit Report - Pharmacy Quarterly Visit Monitoring Form

Date of the last annual audit:						
Date of the last Pharmacy						
quarterly visit:						
Date of visit:						
Quarter period: (MM/YY)		YY-MI	M/YY	ΥY	')	
Date of Report Issued:						
Date Response Due Back:						
Details of ATIMPs and ATMPs stored						
ATIMP or ATMPs	Comment					
Trials open and related ATIMPs	1.					
currently stored in the stem cell	2.					
labs	3.					
	4.					
ATMPs approved and stored for	1.					
clinical services	2.					
	3.					
Training Log						
Items Discussed/verified		Yes	No	Ζ	I/A (Comment
New staff appointed and trained in						
handling ATMP and ATIMPs named above						
Comment/Findings:						
Temperature Records						
Items Discussed/verified		Yes	No)	N/A	Comment
Temperature excursions during this report				1		
quarter period				_		
Corrective actions from previous re	eports			1		
relating to temperature excursions				_		
implemented						
Comments/Findings:						
Product Defects/Non-conforman	ce					
Items Discussed/verified		Ye	s N	0	N/A	Comment
Non-conformance reported for this	quarter					
period	•		-	_		
Corrective actions from previous reports						
relating to product defects/non-conformance		;				
implemented						
•			<u> </u>		<u> </u>	1

SOP adapted from Pharmacy Visit Report Appendix 7 to S-1007 UHL Site Management (Monitoring) of research for University Hospitals of Leicester NHS Trust when acting as Sponsor Version 8 January 2018

Stem Cell Lab Visit Report – Pharmacy Quarterly Visit Monitoring Form

Author: Nisa Khan Reviewed/Approved by: Diane Sweeny August 2018 Version 1.0



Product defects/recalls in this quarter period					
Comments/Findings:					
Waste Management					
Items Discussed/verified	Yes	No	N/A	Comment	
No. of expired/unused ATMPS in this quarter period					
Deviations identified from waste management SOP					
Comments/Findings:					
Out of hours support – if applicable					
Items Discussed/verified	Yes	No	N/A	Comment	
ATIMPs or ATMPs quarantined in this quarter period out of hours?					
Quarantine paperwork complete for this quarter period?					
Corrective actions from previous reports relating to our of hours implemented					
Comments/Findings:					
Miscellaneous					
Items discussed/verified	Yes	No	N/A	Comment	
Comments/Findings:					

Additional Comments/ Visit Overview

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<u>Stem Cell Lab Monitoring Visit – Pharmacy Quarterly Visit Response Document</u>

Monitoring visit Date:	Monitoring visit	report date: Date res	Date response required:		
Outstanding Issue	Action required	Action Taken	Clinical Trials Pharmacist		
L	1	1	<u>l</u>		
Pharmacy Monitoring Report C	completed By:	Pharmacy Monitoring Report Respon	nse Completed By:		



i Haimacist .
Telephone:
e-mail:
Signature:
Date:
Completed Responses Reviewed by HTA DI:
PI Name:
PI Signature:
Date:
Completed Monitoring Report Approved by:
Lead Pharmacist :
Signature:
Date Monitoring Report Closed:
Date Monitoring Neport Closed.

Dharmaciet :