CORD BLOOD TRANSPLANTATION STUDY

CBU CRYOPRESERVATION FORM

Bar Code Label

1. Processing Technologist Number: ☐☐☐☐

2. Date and starting time: ☐☐ / ☐☐ / ☐☐☐☐ ☐☐ : ☐☐
   mm dd yyyy hrs mins (24-hour clock)

3. Labels placed on:.....Cryobag 1 ☐ Yes Cryovials 1☐ Yes

4. DMSO Lot #/ Cryo kit #: ☐☐☐☐☐☐☐☐☐☐ DMSO/Cryo Kit Manufacture/Expiration Date: ☐☐ / ☐☐☐☐
   mm yyyy

If applicable, Dextran Lot #: ☐☐☐☐☐☐☐☐ Dextran Expiration Date: ☐☐ / ☐☐☐☐
   mm yyyy

5a. Control rate freezer trace ok? 1 ☐Yes 2☐ No 5b. Trace ID#: ☐☐☐☐☐☐☐☐

6. Quarantine Freezer locations:

   Cord Blood Unit ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

   Sample cryovials ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Comments: _____

_____ Signature of Final Reviewer

_____ Date

☐☐☐☐ Study ID