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