

CORD BLOOD TRANSPLANTATION STUDY

CBU DISPOSITION FORM

Bar Code Label

1. Date of disposition (shipment or discard date).....

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mm dd yyyy

2. Disposition category..... 1 Shipped for transplant 2 CBU Discarded 3 Label Set Discarded

Reason for shipment: 1 Potential COBLT study participant 2 Other transplant
Record ID, sign, and enter the form into database.

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enter the form into
database.

3. When was unit discarded?

- 1 Prior to initiating processing 2 During processing/ cryopreservation 3 After cryopreservation prior to quarantine release 4 After quarantine release

4. Type of discard:

- 1 Disposed as biohazardous waste
2 Assigned for quality assurance

Freezer location:

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3 Released for research

PI:

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IRB #:

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5. Indicate **one** primary and any additional reasons for discard:

	Primary	Additional	N/A
a. Declined consent.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Insufficient volume/cell count.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Collection problems, <i>specify</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Shipping problems, <i>specify</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Maternal history exclusion.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Failed sterility test.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Positive ID test.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Insufficient nucleated/mononuclear cell recovery.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Processing complications, <i>specify</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Quarantine storage problems..... <i>Specify:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Permanent storage problems..... <i>Specify:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Subsequent medical information.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Other..... <i>Specify:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Technologist ID

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Signature _____ Date _____

Laboratory Supervisor ID

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Signature _____ Date _____