CBU PROCESSING FORM

Bar Code Label

1. Processing technologist number: ☐☐☐☐

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

3. Were labels placed on:
   Processing bag set 1 ☐ Yes Set # ☐☐☐☐☐☐☐☐☐☐☐☐ Man./Exp. date ___/___/_____

   Sterility test bottles 1 ☐ Yes Slides 1 ☐ Yes Cryovials 1 ☐ Yes Sample tubes 1 ☐ Yes

COLLECTION BAG (BAG #1)

Volume of collected cord blood + anticoagulant (ml)

4. Record the following:

   Automated nucleated cell count x10^6/ml ☐☐☐ • ☐ Study ID: __ __ __ __

   % Viability ☐☐☐ Study ID: __ __ __ __

   If performed: % Nucleated erythrocytes ☐☐☐ % Mononuclear cells ☐☐☐ Study ID: __ __ __ __

Total nucleated cell count x 10^8
Total mononuclear cell count x 10^8

5. Slides for manual differentiation counts prepared: 1 ☐ Yes Location: _____ Study ID: __ __ __ __

6. Blood Type a. ABO: 1 ☐ A 2 ☐ B 3 ☐ AB 4 ☐ O b. Rh: 1 ☐ positive 2 ☐ negative

Volume of Hespan (final ratio 1:5 Hespan: cord blood + anticoagulant)

7. Volume of Hespan added..... ☐☐ • ☐ ml Study ID: __ __ __ __

8. Hespan Lot #..... ☐☐☐☐☐☐☐☐ Expiration date ☐☐ / ☐☐☐☐
   mm yyyy

9. Number of centrifugations to red cell deplete..... 1 ☐ One 2 ☐ Two 3 ☐ Three or more Study ID: __ __ __ __

LEUKOCYTE-RICH PLASMA (BAG#2)

10. Weight of Leukocyte-rich plasma (contents of Bag #2).. ☐☐☐ gm

Weight of leukocyte-poor plasma to express from Bag#2 to Bag#3

Data reviewed by
Study ID: ☐☐☐☐
Initials: _____ _____

CBU PROCESSING FORM

Bar Code Label

VOLUME DEPLETED LEUKOCYTE-RICH PLASMA (BAG#2)

11. Record the following:

Automated nucleated cell count x10^6/ml ☐☐☐.☐ Study ID: — — — —

% Viability ☐☐☐ Study ID: — — — —

Hematocrit (automated cell count/manual) ☐☐.☐ Study ID: — — — —

If performed: % Nucleated erythrocytes ☐☐☐ % Mononuclear cells ☐☐☐ Study ID: — — — —

Total nucleated cell count x 10^8
% Recovery of viable nucleated cells
Total mononuclear cell count x 10^8
% Recovery of viable mononuclear cells

12. Slides for manual differentiation counts prepared? 1 ☐ Yes Location: _____ Study ID: — — — —

13. Number of centrifugations to plasma deplete..... 1 ☐ One 2 ☐ Two 3 ☐ Three or more Study ID: — — — —

14. Processing end time: ☐☐ : ☐☐ hrs mins (24-hr clock)

Time from collection to end of processing

Data reviewed by
Study ID: ☐☐☐☐
Initials: _____ _____

ASSAY AND STORAGE SAMPLES

15. Hematopoetic cell assays:
Samples taken for - Flow cytometry 1 ☐ Yes
- Colony assay 1 ☐ Yes
Study ID: — — — —

16. Sterility assay performed (plasma + granulocyte/red cells) 1 ☐ Yes Study ID: — — — —

17. Samples for future tests:

Freezer location for leukocyte poor plasma ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ # Samples ☐☐

Freezer location for granulocyte/red cell ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ # Samples ☐☐

Study ID: — — — —

Comments: _____

_____ Signature of Final Reviewer

_____ Date

☐☐☐☐ Study ID