CORD BLOOD TRANSPLANTATION STUDY

CBU PROCESSING QA REPORT

Bar Code Label

Assessment Period: 1 ☐ Pre Freeze 2 ☐ Post Thaw

1. Processing technologist number: ☐☐☐☐

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

3. Processing/cell wash infusion bag set number: ☐☐☐☐☐☐☐☐☐☐

4. Record the following for the Pre-freeze or Post-thaw sample:

   Total sample volume ☐☐☐ • ☐ m

   Automated nucleated cell count x10^6/ml ☐☐☐ • ☐

   % Viability ☐☐☐

   If performed: % Nucleated erythrocytes ☐☐☐ % Mononuclear cells ☐☐☐

   Study ID: __ __ __ __
   Study ID: __ __ __ __
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5. Using Procount (or equivalent), record the following:

   Date of acquisition: ☐☐ / ☐☐ / ☐☐☐☐
   mm dd yyyy

   Nucleated cell count (dye-positive cells/µl): ☐☐☐ • ☐ x 10^3 CD45+ count (cells/µl): ☐☐☐ • ☐ x 10^3

   Total number of CD45+ events acquired: ☐☐☐☐☐☐

   CD34 Marker *(Dilution factor 1.0--modify as necessary.)*

# CD34+ events acquired	# Reference beads acquired	Total # beads added	% of CD45+ events	# CD34+ cells per µl (a)	Total CD34+ cells in collection

   Analyzer's laboratory certification number: ☐☐☐☐

6. Record colony assay data:

   Total CFU-GM x 10^5: ☐☐☐ • ☐ Total BFU-E x 10^5: ☐☐☐ • ☐

   Total CFU-GEMM x 10^5 : ☐☐☐ • ☐

7. Colony assay analyzer's certification number: ☐☐☐☐

Comments: _____

☐☐☐☐

_____ Signature of Final Reviewer

_____ Date

Study ID