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Expiration Date:

Control Information

Author: WATE02
Owner: WATE02
Previous Number: None
Change Number: STCL-CCR-216
Stem Cell Laboratory
Duke University Medical Center
2400 Pratt Street, Suite 1300
Durham, North Carolina 27705
Phone: (919)668-1177
Fax: (919)668-1185

Cellular Product Summary
This dry shipper contains human progenitor stem cells from the following patient: ____________________________ , which were processed by the Stem Cell Laboratory at Duke University Medical Center on (date) ____________________________.

If you have any questions regarding this product, please call (1) the Stem Cell Laboratory at (919) 668-1170 (Ann Kaestner or Tiffany Hawkins) or (2) Barbara Waters-Pick, Laboratory Manager at (919) 668-1178 or pager # (919) 970-2751. If calling the pager, you will be prompted by the recording to enter a callback number (include area code + phone number) where you can be reached, then to hang up.

Patient’s Name: ____________________________
Duke History #: ____________________________
Type of Product: ____________________________
Date of Harvest: ____________________________
Date of cryopreservation: ____________________
Date of shipment: __________________________

The source of the cellular product (Check Applicable):

___ Autologous bone marrow
___ Allogeneic bone marrow (Donor identification #: ____________________________)
___ Autologous peripheral blood progenitor cells
___ Allogeneic peripheral blood progenitor cells (Donor identification #: _____________)
___ Related umbilical cord blood
___ Unrelated umbilical cord blood (Donor identification #: ________________________)

1. Upon receipt of this product:
   a) Complete Receipt of Cellular Products form and fax back to shipper.
   b) Call the Stem Cell Laboratory Manager to confirm the arrival of the product in satisfactory condition at (919) 668-1178.
   c) Immediately remove the product from the dry shipper and place in a designated liquid nitrogen freezer at your facility until date of infusion.

2. Product information:
   a) Cell count: ____________________________ per ml
   b) Cell count: ____________________________ per kg (time product processed)
c) Phenotype: Antigen  % Positive

3. Hematopoietic progenitor cell assays (colonies per 100,000 cells)
   CFU-GM
   CFU-GEMM
   BFU-E

4. Number of bags shipped:
   Total volume/bag:
   Cells alone:
   DMSO:
   TC199 tissue media:
   Plasma:

5. Aerobic culture results:
   Anaerobic culture results:

6. Return of dry shipper to the Stem Cell Laboratory:
The dry shipper should be returned immediately upon receipt, along with the accompanying canister(s) housing the product(s) you received. Because the shipper holds the liquid nitrogen in an absorbent material, no special labeling for "liquid nitrogen" is required. Please send the shipper back to us via Federal Express priority overnight delivery. Be sure to lock the lid of the shipper before shipping it back to us. We can not stress how important the immediate return of the shipper is to our program. Late return may compromise shipping dates for another patient's product(s). If there are any questions, please contact us immediately. Thank you, in advance, for your cooperation.

7. This shipper was sealed and shipped by:

   (Print name of person sending shipper)   (Signature of person sending shipper)

   (Print name of physician authorizing shipment)   (Signature of physician authorizing shipment)

   Date of Shipment: __________________________
Signature Manifest

Document Number: STCL-FORM-059  Revision: 01
Title: Cellular Product Summary

All dates and times are in Eastern Time.

STCL-FORM-059 Cellular Product Summary

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Manager

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Medical Director

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<td>Joanne Kurtzberg (KURT2001)</td>
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Quality

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