# Apheresis Checklist

**Document Information**

<table>
<thead>
<tr>
<th>Revision</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vault</td>
<td>ABMT-Collections-rel</td>
</tr>
<tr>
<td>Status</td>
<td>Release</td>
</tr>
<tr>
<td>Document Type</td>
<td>Collections</td>
</tr>
</tbody>
</table>

**Date Information**

<table>
<thead>
<tr>
<th>Creation Date</th>
<th>17 Jun 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Release Date</td>
<td>09 Aug 2019</td>
</tr>
<tr>
<td>Effective Date</td>
<td>09 Aug 2019</td>
</tr>
<tr>
<td>Expiration Date</td>
<td></td>
</tr>
</tbody>
</table>

**Control Information**

<table>
<thead>
<tr>
<th>Author</th>
<th>MC363</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner</td>
<td>MC363</td>
</tr>
<tr>
<td>Previous Number</td>
<td>ABMT-COLL-001 FRM2 Rev</td>
</tr>
<tr>
<td>Change Number</td>
<td>ABMT-CCR-264</td>
</tr>
</tbody>
</table>
ABMT-COLL-001 FRM2 Apheresis Checklist
(Send this form to lab at end of multi day apheresis)

Patient’s Provider/Coordinator: ________________________
Patient’s Disease: ____________ Priming Method/Start Date: ____________

**Prior to Apheresis:**

1. **Physician order for Apheresis:**
   Signed orders for the apheresis collection are provided by the Stem Cell lab (668-1169)

2. **Summary of Donor Eligibility** Expire ____________
   *PBSC (Stem Cell), Bone Marrow and Granulocyte Donations:
   Required FDA Communicable Disease tests must be drawn within **30 days** of apheresis.
   *DLI, NK Cell Donations:
   Required FDA Communicable Disease tests must be drawn within **7 days** of apheresis.

3. **Adult Donor History Questionnaire** Expire ____________
   Allo and NMDP only *(Send original to lab)*
   Completed, reviewed for exceptions and signed by MD/Designee prior to apheresis.
   Must be updated every: **30 days for bone marrow, stem cell, granulocyte donation**
   **7 days for DLI/NK cell donation**

4. **HCG:** Exclusions: >55 years old, >50 years with 12 months since last menses or
   >45 years old with 18 months since last menses.

5. **HLA Typing**

6. **Documentation of Central Line Placement**

7. **Apheresis Consent**
   Completed by physician or designee

---

**Day 1 of Apheresis:**

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>/ /</td>
</tr>
</tbody>
</table>

1. **Type and Screen:**

2. **HMC Teaching:**

3. **Correct Visit Types:**
   Route the correct visit type ONLY on apheresis collection days.

4. **Patient ID Band:**
   Verify patient’s name and DOB prior to each collection.

ABMT-COLL-001 FRM2 Apheresis Checklist
ABMT, DUMC
Durham, NC
## DUKE UNIVERSITY HEALTH SYSTEM

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>/ /</td>
<td>/ /</td>
</tr>
</tbody>
</table>

1. **Bar Code Label**: (ISBT-128)
2. **Daily Equipment QC**: ☐ ☐ ☐
3. **Material Passes Visual Inspection**: ☐ ☐ ☐
4. **Interim Donor History Questionnaire**: ☐ ☐ ☐
5. **Summary of Donor Eligibility**: ☐ ☐ ☐
6. **Product Base Label(s)**: ☐ ☐ ☐
7. **Demographic Tag(s)**: ☐ ☐ ☐
8. **Chain of Custody Form**: ☐ ☐ ☐
9. **Apheresis Run Sheet**: ☐ ☐ ☐
10. **Apheresis Log Record**: ☐ ☐ ☐
11. **Biohazard Label**: ☐ ☐ ☐
12. **Follow-up appointment**: ☐ ☐ ☐
13. **Adverse Events Record**: ☐ ☐ ☐
14. **BMT Smart form**: ☐ ☐ ☐
15. **Mozobil order**: ☐ ☐ ☐
16. **Temperature & Humidity Check**: ☐ ☐ ☐
17. **D/C Apheresis Infusion Therapy Plan**: ☐ ☐ ☐

18. **Product Base Label Verification**: / / / (Information on the product label verified by 2 RN staff members)

**RN Signature:**

---

ABMT-COLL-001 FRM2 Apheresis Checklist
ABMT, DUMC
Durham, NC
# Instructions for Completing the Apheresis Checklist

The Apheresis Checklist will be completed for each apheresis collection to assure patient and donor safety.

<table>
<thead>
<tr>
<th><strong>Patient ID label</strong></th>
<th>Place the printed patient identification label over the box provided. The printed label contains a bar code that is not the same as the ISBT-128 bar code.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Provider/Coordinator</strong></td>
<td>Document the patient’s provider and coordinator’s name.</td>
</tr>
<tr>
<td><strong>Patient’s Diagnosis</strong></td>
<td>Document the patient’s diagnosis and/or reason for collection.</td>
</tr>
<tr>
<td><strong>Priming Method/Start Date</strong></td>
<td>Document the patient’s priming method and start date.</td>
</tr>
</tbody>
</table>

**Prior to Apheresis:**
1. Place a check in the appropriate box **✓** only if the requirement has been met. If requirement is not applicable place a check in the appropriate box **✓** and write **not applicable (N/A)** in the space provided.

| **Physician order for Apheresis** | • The order will have the type of collection, date of collection, and goal.  
• The Stem Cell Lab (668-1169) will provide a copy of the physician signed order for apheresis.  
• Original will be filed in patient’s stem cell lab record. |
| **Summary of Donor Eligibility (APBMT-COMM-001 FRM3)** | • Communicable disease testing is required for all allogeneic products collected.  
• This form is to be completed, reviewed for exceptions and signed prior to the patient arriving for apheresis.  
• PBSC and Granulocyte donation: the communicable disease tests must be drawn within **30 days** of donation.  
• DLI, NK Cell donation: the communicable disease tests must be drawn within **7 days** of donation.  
• This form, completed and signed, will cover all donations occurring within the required time periods (30 days for PBSC and Granulocytes: 7 days for DLI and NK Cells).  
• This form may be copied and used for each donation occurring within the required time periods, with the current barcode affixed.  
• Fill in expiration date of the Donor NTL Panel so it can be resent if it expires before or during apheresis. |
| **Adult Donor History Questionnaire** | • The Adult Donor History Questionnaire is required to be completed for all Allogeneic and NMDP donors.  
• PBSC and Granulocyte donations: update every 30 days.  
• DLI, NK Cell donations: update every 7 days.  
• This form is to be completed, reviewed for exceptions and signed prior to the patient/donor arriving for apheresis.  
• If there are any exceptions on the Donor Questionnaire:  
  a. Section C of the Summary of Donor Eligibility form must be completed.  
  b. Scan the Original Adult Donor History Questionnaire into the electronic medical record and **Send** to the lab for filing with product information. |
| **HCG** (Female Donors of childbearing age, prior to starting colony stimulating factor). | • Done prior to starting growth factor or apheresis.  
• Check the electronic medical record, for result. |
| **HLA Typing** | • HLA-ABC Lo Resolution (LR-ABC) recommended for Autologous for future HLA matched platelets.  
• FDA required HLA testing should be performed on all allogeneic donors. |
| **Documentation of Central Line Placement** | • Check the electronic medical record, for report.  
• If placed elsewhere, check chart for documentation of placement. |
| **Apheresis Consent** | • Applicable for both autologous and allogeneic collections.  
• Physician or designee will obtain signature. |
# Instructions for Completing the Apheresis Checklist

The Apheresis Checklist will be completed for each apheresis collection to assure patient and donor safety.

## The Day(s) of Apheresis: 1-3:

1. Record the Date.
2. The box(s) □ correspond to the day(s) each apheresis requirement is necessary.
3. Check the box(s) ✓ as each requirement is met.
4. Check □ and write, N/A if not applicable.

| Type and Screen | • The Type and Screen is a method of patient identification for auto/allo donors.  
• A Type and Screen is required to be drawn on the **first day** of apheresis.  
• A Type and Screen is required to be drawn every donation day for NMDP donors. |
|----------------|-------------------------------------------------------------------------|
| HMC Teaching   | • Teach patient care of central line catheter and print instructions in AVS.  
• Provide dressing supplies.  
• Assist with coordinating dressing changes at home if needed. |
| Correct Visit Type | • If the patient goes on the apheresis machine, route the correct visit type to front desk. |
| Patient ID Band | • Ensure the patient has a correct ID band on each day.  
• Verify patient name, spelling and birth date with the patient.  
• Verify the history number with the encounter form, lab slips. |
| Bar Code Label (ISBT-128) | • Required for product identification and reference each collection.  
• Send remainder to lab daily with product. |
| Daily Equipment QC | • Perform and document Blood Cell separator QC and Blood Warmer QC on the Quality Control Records located on each machine. |
| Material Passes Visual Inspection | • Verify all supplies needed for the apheresis procedure passes the visual inspection prior to loading the machine. |
| Interim Donor History Questionnaire: | • Completed for all **Auto** and **Allo** donors.  
• Complete each day of collection.  
• Attach Bar Code Label.  
• Send the **original** to the lab at the end of a multi-day apheresis. |
| Summary of Donor Eligibility: | • Required for each product collected.  
• This form may be copied and used for each collection occurring within the required time periods.  
• Ensure the correct collection date is entered and the correct bar code label is affixed each day.  
• Send to lab with product each day. |
| Product Base Labels: | • These product-specific identification labels are required to be placed on the Cellular product and plasma collection bags each collection.  
• Record the date of collection and expiration date in appropriate space.  
• Attach Bar Code Label in the left upper corner, above the date of collection.  
• Record, at the completion of RUN, the volume of cells in the collection bag(s) and the amount of ACD in the collection bag.  
• Record the end time of RUN next to the date of collection. |
| Demographic Tag(s): | • Place the donor/patient labels, provided by the Stem Cell lab, on the Demographic tags as follows:  
• a. Auto: Place the patient label on the side of the tag that the “patient weight” is to be recorded.  
• b. Allo: Place the patient label on the side of the tag that the “patient weight” is to be recorded. Place the donor label on the opposite side.  
• Record the patient (recipient) weight (kg) on space provided.  
• Place a Bar Code Label on the demographic tag.  
• Tie the labeled demographic tags onto the HPC product and plasma bag. |
# Instructions for Completing the Apheresis Checklist

The Apheresis Checklist will be completed for each apheresis collection to assure patient and donor safety.

| Chain of Custody Form: | - Complete each day of collection.  
| | - Attach Bar Code Label.  
| | - Send to lab daily with product.  
| Apheresis Run Sheet: | - Complete each day of collection.  
| | - Attach Bar Code Label.  
| | - Scan into EMR and send *Original* to lab each day.  
| Apheresis Log Book: | - Scan the barcode and patient’s label.  
| | - Record information each day of collection.  
| Biohazard Label | - Placed on product (HPC) and plasma bag if there are any pending or reactive communicable disease tests, with the exception of CMV.  
| Follow-up appointment | - Verify and/or enter the next apheresis appointment in the EMR.  
| Adverse Events Record | - Required to be completed only if an adverse event occurs during apheresis.  
| | - Record any side effects/symptoms experienced.  
| | - File in Adverse Events Record file in Apheresis.  
| BMT Smartform | - Enter the dates of mobilization and apheresis in the boxes provided in the EMR.  
| | - Enter the target information and total collected.  
| Mozobil Order | - Contact patient APP/attending for order.  
| | - Contact Pharmacy for Mozobil.  
| Temperature & Humidity Check | - Record temperature & humidity and place a check in the box if results are within acceptable range.  
| | - Contact Apheresis coordinator or designee if results are not within acceptable ranges.  
| D/C Apheresis Infusion Therapy Plan | - Discontinue the therapy plan at the completion of the last day of apheresis.  
| Product Label Verification | - All information on the Base Label and Demographic Tag are verified by 2 RN staff members.  
| RN Signature | - Signature of the RN performing the apheresis procedure.  

## Signature Manifest

**Document Number:** ABMT-COLL-001 FRM2  
**Revision:** 10  
**Title:** Apheresis Checklist FRM2

All dates and times are in Eastern Time.

---

### ABMT-COLL-001 FRM2 Apheresis Checklist

#### Author

<table>
<thead>
<tr>
<th>Name/Signature</th>
<th>Title</th>
<th>Date</th>
<th>Meaning/Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary Beth Christen</td>
<td></td>
<td>08 Aug 2019, 08:53 AM</td>
<td>Approved</td>
</tr>
</tbody>
</table>

#### Management

<table>
<thead>
<tr>
<th>Name/Signature</th>
<th>Title</th>
<th>Date</th>
<th>Meaning/Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jennifer Frith</td>
<td></td>
<td>08 Aug 2019, 10:23 AM</td>
<td>Approved</td>
</tr>
</tbody>
</table>

#### Medical Director

<table>
<thead>
<tr>
<th>Name/Signature</th>
<th>Title</th>
<th>Date</th>
<th>Meaning/Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nelson Chao</td>
<td></td>
<td>08 Aug 2019, 12:54 PM</td>
<td>Approved</td>
</tr>
</tbody>
</table>

#### Quality

<table>
<thead>
<tr>
<th>Name/Signature</th>
<th>Title</th>
<th>Date</th>
<th>Meaning/Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bing Shen</td>
<td></td>
<td>08 Aug 2019, 02:09 PM</td>
<td>Approved</td>
</tr>
</tbody>
</table>

#### Document Release

<table>
<thead>
<tr>
<th>Name/Signature</th>
<th>Title</th>
<th>Date</th>
<th>Meaning/Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Betsy Jordan</td>
<td></td>
<td>08 Aug 2019, 02:46 PM</td>
<td>Approved</td>
</tr>
</tbody>
</table>