# Document Information

<table>
<thead>
<tr>
<th>Document Number:</th>
<th>STCL-DIST-003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title:</td>
<td>Cellular Product Distribution Form</td>
</tr>
<tr>
<td>Document Notes:</td>
<td></td>
</tr>
</tbody>
</table>

## Revision Information
- **Revision:** 03
- **Vault:** STCL-Distribution-rel
- **Status:** Release
- **Document Type:** STCL-Distribution

## Date Information
- **Creation Date:** 22 Jun 2012
- **Release Date:** 02 Jul 2012
- **Effective Date:** 02 Jul 2012
- **Expiration Date:**

## Control Information
- **Author:** WATE02
- **Owner:** WATE02
- **Previous Number:** STCL-DIST-003 Rev 03
- **Change Number:** FRM-CCR-119
STCL-DIST-003
CELLULAR PRODUCT DISTRIBUTION FORM

1. Date/Time of distribution: 

  mm  dd  yyyy  hrs  min

2. Recipient Name ____________________________

3. Recipient History Number ____________________________

4. Donor Name ____________________________ (if applicable)

5. Donor History Number ____________________________ (if applicable)

6. Units distributed to
   □ ABMT Clinic   □ Children’s Health Center     □ N5100
   □ N5200   □ N9200   □ NMDP Designated Courier
   □ Other ____________________________

7. Type of product(s) distributed:
   □ HPC-Apheresis
     □ Unmanipulated
     □ Minimally manipulated (ie. rbc depletion, plasma depletion, etc)
     □ CD34-selection
     □ CD56-selection
     □ Other (specify) ____________________________
   □ HPC-Marrow
   □ HPC-Cord Blood
   □ Granulocytes
   □ MSC
   □ Other (specify): ____________________________

8. Product processing:
   □ Fresh   □ Thawed (specify below): □ Cryopreserved
     □ DAT   □ 37 degree C   □ Other: ____________________________
9. Unique Identifier of units distributed:

1. 
2. 
3. 
4. 
5. 
6. 
7. 
8. 
9. 
10. 

Comments: 


Form Initiated by 

Signature __________________________ Date ____________

STCL Manager / QA Release 

Signature __________________________ Date ____________
<table>
<thead>
<tr>
<th><strong>1. Date of distribution</strong></th>
<th>Enter date of distribution.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2. Recipient Name</strong></td>
<td>Enter recipient name.</td>
</tr>
<tr>
<td><strong>3. Recipient History Number</strong></td>
<td>Enter recipient history number.</td>
</tr>
<tr>
<td><strong>4. Donor Name</strong></td>
<td>Enter donor name if applicable</td>
</tr>
<tr>
<td><strong>5. Donor History Number</strong></td>
<td>Enter Donor history number if applicable.</td>
</tr>
<tr>
<td><strong>6. Units distributed to</strong></td>
<td>Check the site where the units are transported.</td>
</tr>
<tr>
<td><strong>7. Type of product(s) distributed:</strong></td>
<td>Check the type of product being distributed</td>
</tr>
<tr>
<td><strong>8. Unique Identifier of units distributed:</strong></td>
<td>Enter or place unique identifier of units being distributed.</td>
</tr>
<tr>
<td><strong>9. Product processing:</strong></td>
<td>Check processing type</td>
</tr>
</tbody>
</table>

**Form Initiated by**

*Staff name that is completing form*

**STCL Manager / QA Release**

*Manager / QA signature releasing the units*
**STCL-DIST-003 Prod Distribution FRM**

**Author Approval**

<table>
<thead>
<tr>
<th>Name/Signature</th>
<th>Title</th>
<th>Date</th>
<th>Meaning/Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barbara Waters-Pick</td>
<td>(WATE02)</td>
<td>25 Jun 2012, 06:28:16 PM</td>
<td>Approved</td>
</tr>
</tbody>
</table>

**Medical Director Approval**

<table>
<thead>
<tr>
<th>Name/Signature</th>
<th>Title</th>
<th>Date</th>
<th>Meaning/Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joanne Kurtzberg</td>
<td>(KURTZ001)</td>
<td>25 Jun 2012, 11:43:28 PM</td>
<td>Approved</td>
</tr>
</tbody>
</table>

**QA Approval**

<table>
<thead>
<tr>
<th>Name/Signature</th>
<th>Title</th>
<th>Date</th>
<th>Meaning/Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linda Sledge (SLEDG006)</td>
<td></td>
<td>25 Jun 2012, 12:19:45 PM</td>
<td>Approved</td>
</tr>
</tbody>
</table>