

PATIENT DATA	
Patient name:	
Patient registry:	
Transplant center:	
Patient ID: (assigned by patient registry)	Patient ID: (assigned by donor registry)
Transplant date:(YYYY-MM-DD)	

DONOR DATA	
Collection center:	
Donor registry:	
Donor ID: (assigned by donor registry)	Donor ID: (assigned by EMDIS)
GRID number:	
Collection date 1: (YYYY-MM-DD)	Collection date 2: (YYYY-MM-DD)

DONOR REGISTRY DETAILS		
Contact person donor registry:		
Fax:	Email:	
Type of stem cells collected:	Number of bags collected:	Collection date(s): (YYYY-MM-DD)
Was the product or part of the product stored overnight? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, where was the product stored and at what temperature?		
How was this monitored?		

SECTION A: START OF STEM CELL PRODUCT TRANSPORT		
Date (YYYY-MM-DD) stem cell product received by courier:		Time: (24h & local time)
Name of courier:	Date: (YYYY-MM-DD)	Courier signature:
Collection center representative:	Date: (YYYY-MM-DD)	Collection center signature:

SECTION B: SECURITY CHECK 1	
Date (YYYY-MM-DD) and time (24h & local time zone) security check:	
Location of security check:	
Was the box opened for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the product handled in any way? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the product X-rayed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments (incl. approx. length of time secondary container was open):	

PATIENT DATA	
Patient ID: (assigned by donor registry)	Patient ID: (assigned by patient registry)

DONOR DATA	
Donor ID: (assigned by donor registry)	Donor ID: (assigned by EMDIS)
GRID number:	

SECTION B: SECURITY CHECK 2
Date (YYYY-MM-DD) and time (24h & local time zone) security check:
Location of security check:
Was the box opened for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was the product handled in any way? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was the product X-rayed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (incl. approx. length of time secondary container was open):

SECTION B: SECURITY CHECK 3
Date (YYYY-MM-DD) and time (24h & local time zone) security check:
Location of security check:
Was the box opened for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was the product handled in any way? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was the product X-rayed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (incl. approx. length of time secondary container was open):

SECTION B: END OF STEM CELL PRODUCT TRANSPORT		
Date (YYYY-MM-DD) stem cell product received at transplant center:	Time: (HH:MM & local time zone)	
Courier name:	Date: (YYYY-MM-DD)	Courier signature:

SECTION C: CONFIRMATION OF TRANSPLANT CENTER		
I confirm that I have read the above audit of transport of the product and examined all bags of: All products appear to be in a satisfactory condition.		
Additional comments:		
Transplant center representative:	Date: (YYYY-MM-DD)	Transplant center signature:

NOTIFICATION TO DONOR REGISTRY OF STEM CELL PRODUCT DELIVERY		
Please send this document as soon as possible to:		
Contact person donor registry:	Fax:	Email: