



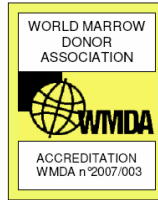
*Transport  
of HPC/lymphocyte  
product audit*

To be completed by the courier (Tick the proper box)

Donor ID:.....

<b>STEP I: courier documentation before departure</b>		
	AVAILABLE	NOT AVAILABLE
<b>Documentation check</b>		
<ul style="list-style-type: none"> <li>• HPC/lymphocyte prescription form</li> <li>• Donor clearance and IDM results</li> <li>• Courier details (Form C2)</li> <li>• Custom letter (Form CNC C2)</li> <li>• TC and delivery institution details</li> <li>• CC details</li> <li>• Italian Health Ministry Authorization for importing the product</li> </ul>		

<b>STEP II: product pick-up at the collection center (CC)</b>		
	YES	NO
<b>Product and labelling check</b>		
<ul style="list-style-type: none"> <li>• Integrity of bags and tubes</li> <li>• Number of bags as indicated in documents provided by the CC</li> <li>• Specification of the content (type of product)</li> <li>• Collected product code assigned by the CC</li> <li>• Donor ID</li> <li>• Patient ID</li> <li>• Donor's ABO grouping and Rh typing</li> <li>• Correct codes reported on bags, tubes, documentation</li> <li>• CC physician's signature (readable)</li> <li>• Anticoagulant used</li> <li>• Collection date and time (including time zone)</li> <li>• Total volume collected</li> </ul>		
<b>Product packaging check</b>		
<ul style="list-style-type: none"> <li>• Absorbent material between primary and secondary container</li> <li>• Correct location of the cooling elements</li> <li>• Temperature monitoring device (Data logger)</li> </ul>		
<b>CC provided documentation check</b>	AVAILABLE	NOT AVAILABLE
<ul style="list-style-type: none"> <li>• Delivery note accompanying the collected product</li> <li>• Collection report</li> </ul>		



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<b>STEP III: product transport</b>		
	YES	NO
<b>Registration of adverse events during transport (if any)</b>		
• The product was kept by the courier all the time		
• The product has been controlled manually at the security check-point		
• The product was X-rayed (if yes, please specify the custom:.....)		
• The temperature requested by the TC was maintained for all the time* (* attach copy of the data logger graph)		
• Any unexpected events to be reported (if yes, please specify:.....)		

<b>STEP IV: product delivery</b>		
	YES	NO
<b>Check</b>		
• On time delivery		
• Integrity of bags and tubes at arrival		
• Delivery of the accompanying documentation		
• Correct codes reported on bags, tubes, documentation		

<b>STEP V: registration of the delivery data</b>		
• Delivery date		
• Delivery time (specify the time zone)		
• The product has been delivered to (name and last name)		

Remarks:.....

**COLLECTION CENTER**

Contact person.....

Hospital/Department.....

Address..... Remarks.....

**DELIVERY INSTITUTION**

Contact person.....

Hospital/Department .....

Address..... Remarks.....

Date:.....

Courier signature

.....

Consignee signature

.....