Reset

Italian Bone Marrow Donor Registry

Form C1 *(V9 1/2 Aug. 2024)*

WMDA Accredited

Transport of HPC/lymphocyte product audit

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

GRID……

COLLECTION CENTER/RELEASING CENTER of HPC/lymphocytes

Contact person……

Hospital/Department Address……Remarks.....

STEP I: courier documentation before departure		
	AVAILABLE	NOT AVAILABLE
Documentation check		
• HPC/lymphocyte verification of prescription or prescription form	☐	☐
• Courier details (Form C2)	☐	☐
• Custom letter (Form CNC C2)	☐	☐
• TC and delivery institution details	☐	☐
• CC details and pick-up information	☐	☐
• Italian Health Ministry Authorization for importing the product	☐	☐

STEP II: product pick-up at the collection center (CC)		
	YES	NO
Product/tube and labelling check based on documentation received by transplant center/IBMDR and by collecting center/donor Registry		
• Integrity of bags and tubes	☐	☐
• Number of tubes and bags as indicated in documents provided by the CC	☐	☐
• Specification of the content (type of product)	☐	☐
• Collected product code assigned by the CC	☐	☐
• Single European Code (SEC)	☐	☐
• Donor ID	☐	☐
• Patient ID	☐	☐
• Donor's ABO grouping and Rh typing	☐	☐
• Correct codes reported on bags, tubes, documentation	☐	☐
• CC physician's signature (readable)	☐	☐
• Anticoagulant used	☐	☐
• Collection date and time (including time zone)	☐	☐
• Total volume collected	☐	☐
Product packaging check		
• Absorbent material between primary and secondary container	☐	☐
• Correct location of the cooling elements	☐	☐
• Temperature monitoring device (Data logger)	☐	☐
CC provided documentation check	AVAILABLE	NOT AVAILABLE
• Delivery note accompanying the collected product	☐	☐
• Collection report	☐	☐

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STEP III: product transport		
	YES	NO
Registration of adverse events during transport (if any)		
• 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:……)	☐	☐

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

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

DELIVERY INSTITUTION

Contact person……..

Hospital/Department ……

Address……Remarks.....

Date:…….. …….. ……..

Courier signature

……

Consignee signature

……