



*Transport
of HPC/lymphocyte
product audit*

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

Donor ID:.....

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

STEP II: product pick-up at the collection center (CC)		
	YES	NO
Product and labelling check		
<ul style="list-style-type: none"> • Integrity of bags and tubes • Number of 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		
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • Delivery note accompanying the collected product • Collection report 		



Donor ID:.....

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)		

Remarks:.....

COLLECTION CENTER/RELEASING CENTER

Contact person.....

Hospital/Department.....

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

DELIVERY INSTITUTION

Contact person.....

Hospital/Department

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

Date:.....

Courier signature

Consignee signature

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