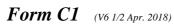
## Italian Bone Marrow Donor Registry





## Transport of HPC/lymphocyte product audit

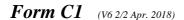
To be completed by the courier (Tick the proper box)

Donor I	ID:
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STEP I: courier documentation before departure				
	AVAILABLE	NOT AVAILABLE		
Documentation check				
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 co		
	YES	NO
Product and labelling check		
Integrity of bags and tubes		
<ul> <li>Number of bags as indicated in documents provided by the CC</li> </ul>		
<ul> <li>Specification of the content (type of product)</li> </ul>		
<ul> <li>Collected product code assigned by the CC</li> </ul>		
Single European Code (SEC)		
Donor ID		
Patient ID		
<ul> <li>Donor's ABO grouping and Rh typing</li> </ul>		
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> <li>Absorbent material between primary and secondary container</li> </ul>		
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		

Italian Bone Marrow Donor Registry





## Transport of HPC/lymphocyte product audit

Donor ID:		
STEP III: product transport	t	
	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-page.	oint	
The product was X-rayed     (if yes, please specify the custom:)		
• The temperature requested by the TC was maintained for all the t (* attach copy of the data logger graph)	ime*	
Any unexpected events to be reported     (If yes, please specify:)		
STEP IV: product delive		
	YES	NO
Check		
On time delivery  Integrity of bags and tubes at arrival.		
Integrity of bags and tubes at arrival  Political of the accompanying documentation  Output  Delivery of the accompan		
Delivery of the accompanying documentation     Correct codes reported as began tubes desumentation		
Correct codes reported on bags, tubes, documentation		
STEP V: registration of the delive	ery 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		
AddressRemarks		
DELIVERY INSTITUTION		
Contact person		
Hospital/Department		
AddressRemarks		
Date:		
Courier signature	Consignee signature	