

Record of Transfer of Product Between Institutions

Effective Date: 03/05/16

Please complete details and return this form to:

2M

Patient

TitleSurname.....
 First name
 Date of birth
 NHS no.
 Hospital no.

Donor (if allogeneic)

TitleSurname.....
 First name
 Date of birth
 NHS no.
 Hospital no. / Panel ID.....

Product Details

HPC, Apheresis HPC, Marrow HPC, Cord TC-T Cells
 Samples Other

Cryopreserved

YES NO

Product ID.....Date cryopreserved.....No. of bags.....
 Product ID.....Date cryopreserved.....No. of bags.....
 Product ID.....Date cryopreserved.....No. of bags.....
 Product ID.....Date cryopreserved.....No. of bags.....
 TNC dose..... Total no. of bags.....
 CD34+ Dosex10⁶/ kg
 CD3+ Dosex10⁶/ kg (if applicable)

Record of transfer

Originating Centre Destination

Method of transfer: Dry shipper Cool packs (2-8°C) Room temperature

Dry shipper ID.....Ship's log ID

| Operation | Details | Date | Time | Signature |
|--|----------------------------|------|------|-----------|
| Product ID and condition prior to departure | Performed by Checked by | | | |
| Product loaded into dry shipper / box and sealed by | By | | | |
| Seal ID number | | | | |
| Temperature or logger status prior to departure (cryo products only) | | °C | | |
| Transport / courier received | Accepted by | | | |
| Received at destination | By | | | |
| Temperature of Product or Dry Shipper Logger Status | | °C | | |
| Seal ID number | | | | |
| Product ID and condition checked on arrival | By | | | |

Applicable NHSBT documents:
 MPD634 – The Use of SCI Referral Forms and Information Sheets
 MPD624 – Request, Receipt and Administration of HPC and TC Components