



Stem Cell Product Return

Effective date: 05/10/10

Please complete details and return this form with the product to:

2N

PART A. To be complete	d by hospital staff		
Patient / donor			
TitleSurname			
First name			
Date of birth			
Hospital no		Consultant	
NHS no		Hospital	
Date/time product returned to N	IHSBT		
Product ID			
Number of bags			
Was product removed from dry :	shipper? YES NO NOT	APPLICABLE (fresh product)	
Removed from dry shipper by		NameDateTime	
Location stored			
Temperature of storage vessel/dry shipper in range			°C
Date/time product stored			
Date/time product returned to dry shipper			
Date/time product returned to	NHSBT		
If available attach temperature l	og to this form		
Reason for returning	the product		

Applicable NHSBT documents:
MPD634 –

The Use of SCI Referral Forms and Information Sheets MPD630 –

Return of Issued HPC and TC Components

Consultant / Medical Officer completing this form

Stem Cell and Immunotherapy Services

2N – continued Stem Cell Product Return

PART B. To be completed by NHSBT staff

Patient / donor			
TitleSurname		Hospital	
Hospital no			
NHS no			
Product sent to hospital	Date	Time	
Product received back from hospita	al Date	Time	
Number of bags returned			
Donation number	Bag number	Bag integrity OK (circle YES or NO)	Comments
		YES / NO	
Time bags placed into quarantine .			
Ship's log status (if appropriate)	ON OFF		
Ship's log alarm status (if appropri	ate) ON OFF		
Minimum temperature		Maximum temperature	
Does the product conform to speci	fication? YES NO		
If NO has the hospital's Consultant	confirmed that the product sh	nould be stored or discarded?	YES NO
(NB: Written confirmation to store does not conform to specification)	or discard the product must be	e obtained from the hospital's Co	nsultant when the product
Is the product to be stored? YES	S □ NO		
Products returned to storage / disc	arded Date	Time	
Name			
Signature			
Date			

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