

FRM1576/2.1 – 2M Record of Transfer of Products Between Institutions



Blood and Transplant
Effective date: 22/05/2024

Please complete the details and return this form to:

Patient

Surname.....
First name
NHS Number.....
Hospital Number.....
Date of birth.....

Donor (If Allogeneic)

Surname.....
First name
NHS Number.....
Hospital Number/ Panel ID.....
.....

Product details:

- HPC, Apheresis HPC, Marrow HPC, Cord blood TC-T Cells
 CAR-T cells Samples Other:.....
Cryopreserved: YES NO

NHSBT Product Identifier	Collection date	Cryopreservation date	Number of bags	Number of cryovials

Total CD34+ Cell dosex10⁶/Kg Total CD3+ Cell dose..... x10⁸/Kg

Record of transfer:

Originating Centre:..... Destination.....

Method of Transfer: Dry Shipper Cool Packs 2-8°C Room Temperature

Dry Shipper/ Box ID..... Logger ID.

Operation	Details	Date	Time	Signature
Product ID and condition Check performed:	By			
Product ID and condition Second Checked:	By			
Product loaded in shipper/box and sealed:	By			
Seal ID number:				
Temperature or logger status prior to departure:		°C		
Transport/ Courier received:	By			
Received at destination:	By			
Temperature of Product or shipper logger status:		°C		
Seal ID number:				
Product ID and condition checked on arrival:				
Location of Product: (Fridge or Tank location)				

Controlled if copy number stated on document and issued by QA
(Template Version 03/02/2020)

Cross-Referenced in Primary Document: SOP2280