



**ISSUING WORKLIST FOR FROZEN CELLS AS STARTING MATERIAL FOR ATMPS**

*Please initial when complete. Do not leave blank fields, use N/A if not applicable*

**Patient Name**

**Date**

**Patient Hospital No**

**DOB**

**ID Number/s**

**Batch/Number**

**Location**

**Rack**

**Slot**

**Date/s of Collection**

**Performed by**

**Checked**

Time of pickup confirmed		
Dry shipper received and check list completed		
Check release authorised		
Date returned entered in Synergy		
Cassettes placed in a shipper to precool		
Rack set at 0 (if all cells used)		
Tray prepared with dry ice for use checking the bags		
Cryobag removed from freezer to dry ice tray		
Patient details, harvest number and bag number checked on insert and product label for each bag		
Integrity of bag checked		
Place in pre-cooled cassette, ports upwards		
Cassette placed in polybags, <b>Cryobag ports upwards</b> along with at least one absorbent sheet.		
Polybag sealed and folded so that it wraps snugly around the cassette		
Polybag placed in outer bag,		
Outer bag sealed and bag folded so that it wraps snugly around the cassette		
Bags packed individually as above and placed in internal shipper to keep cool until packing. Cryobag ports upwards.		

## Example Document

Aliquots placed in inner leak-proof polybag with absorbent sheet, air removed and sealed.		
Aliquot bag placed in padded bag, air removed and sealed		
Check logger active and flashing green		
Rack removed and lid replaced		
Cassettes placed in rack Cryobag ports upwards		
Vials placed in rack		
Rack returned to shipper		
Time loaded into shipper _____		
Lid of inner shipper closed (holes must line up with holes in Dewar neck		
Serialised tag applied Tag number _____		
Outer shipper lid replaced		
Time placed in shipper _____		
Contents label attached to outer shipper		
Shipper certification form packed in outer pouch of shipper		
Latches sealed		
Copies of weigh bill (4) signed and placed in outer pouch( courier brings these).( Copy one for records)		
Handed to courier-courier signs transport form		
Time handed over _____		
Date and times recorded on Web Site and checked		