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## Checklist for receipt of Frozen product

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## CHECKLIST FOR RECEIPT OF FROZEN CELLULAR PRODUCTS

**Name** **Date:**  
**Date of Birth:** **BB number**  
**Hospital number** **Product**  
**Manufacturer/Sponsor** **Trial name** **Subject Number**

*Please initial when complete. Do not leave blank fields, use NA if not needed.*

**Manufacturers product specific instructions must be checked prior to receipt and relevant forms completed.**

<b>DATE OF RECEIPT:</b>		<b>TIME:</b>	
<b>Lot Number/Batch:</b>		<b>Delivered by:</b>	
<b>Dewar Serial Number:</b>		<b>Received by:</b>	
<b>Confirmatory Checks</b>		<b>Performed by</b>	<b>Checked by</b>
Waybill signed and copy retained			
Delivery details on shipper label or waybill checked			
Tamper-evident ties intact? Yes/No Number/s:			
Online Portal or Logger temperature/status: Alert? Yes/No Temperature on Receipt: Shipper Serial Number			
<b>Product Checks</b>			
<p><i>Ensure tray of dry ice prepared before removing cells. Check specific manufacturer instructions before opening the shipper.</i></p> <p><i>Remove and check each unit separately on dry ice to verify condition and photograph label. Place in designated storage space in LN2 vapour immediately.</i></p>			
Product checked for integrity Photographs taken Saved in shared area and /Printed			
Label on product checked to match the paperwork from supplier and internal patient information <b>Time out of shipper:</b>			
Product paperwork completed: DIN: Unit/Batch Numbers: Expiry Date/s: Volume/s: Dose/s:			



Storage					Input by	Checked by
<b>Time into Storage Tank:</b>						
<b>Tank</b>	<b>Bag No.</b>	<b>Section</b>	<b>Rack</b>	<b>Slot</b>		
Storage card or inventory log completed						
Temperature log printed/saved as PDF and checked						
<b>Documentation</b>						
<i>Documentation as applicable received and checked</i>						
QP release/Certificate of Analysis						
Patient Details						
Serology results/ Donor clearance						
Dose/s						
Volume/s						
Expiry date						
Manufacturer/ Trial Online Portal updated (if applicable)						
Receipt forms and other paperwork provided by Manufacturer completed and returned where applicable.						
<b>Entering Results in the LIMS</b>						
Requested						
Product details and results input						
Patient notes and special requirements input/checked in TDBB						
<b>ATMPs and ATIMPs</b>						
Date received recorded in original record						
<b>COMMENTS:</b>						