Patient ID: MRN: DOB:

Donor ID: MRN: DOB:

Product Identifier(s) Product type:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | **Acceptable** | | | | |
| **Criteria** | **Acceptable parameters** | **Results** | | **Yes** | **No** | **Comments** | | |
| Processing records | Complete and reviewed |  | |  |  |  | | |
| Donor infectious disease testing | HIV, HTLV, HBV, HCV and syphilis tests performed ≤30 days before collection |  | |  |  |
| Recipient consent | Signed consent sighted |  | |  |  |
| Donor consent | Signed consent sighted |  | |  |  |
| Microbial contamination test | No growth at 14 days |  | |  |  |
| Cell dose |  |  | |  |  |
| Deviations or non-conformances | No non-conformances or deviations that may affect the safety of the product |  | |  |  |
| Storage temperature |  |  | |  |  |
| Viability | >xx% viability by trypan blue |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  | |  | | | |  | | |
|  | | **Initials 1** | | | | **Initials 2** | | |
| Yes | No | Date | | Yes | No | Date | |
| Product Check | Clean, undamaged, normal colour and appearance |  |  |  | |  |  |  | |
| Label Check | Intact, legible and complete |  |  |  | |  |  |  | |

**Approval of products with any “NO” responses:**

‘Product Release for non-conforming product’ completed **Yes**

Laboratory Medical Director or Designee: Date: