

Bone Marrow Procedure Sheet

HPC, Marrow

Recipient Information:

Affix Hospital Label for Recipient or complete:

Name: _____
 D.O.B: _____
 Medical Record #: _____

NMDP Recipient ID _____
 ABO/Rh _____ Wt _____ kg
 Ordering Physician _____

Donor Information:

Affix Hospital Label for Donor or complete:

Name/NMDP ID: _____
 D.O.B: _____
 Medical Record #: _____ or NA

ABO/Rh _____

Processing Request/Order

Anticipated collection date _____
 Anticipated collection dose _____ (X10⁸/kg)

No manipulation _____
 Buffy coat preparation _____
 Plasma depletion _____
 RBC depletion _____
 To be determined upon notification of TWBC _____
 Cryopreservation _____

Final Transport Temp: RT (15-25°C) Cool (1-10°C)

Comments: _____

TC Physician Signature _____ Date _____

Collection Data (local collections only) N/A - Import

Date _____ Start Time _____ End Time _____
 Anticoagulant _____
 Media _____

	Marrow Vol (ml)	Media Vol (ml)	ACD (ml)	Heparin (u)	Total Volume (ml)
1					
2					
3					
Total					

Procedure Comments: _____

Staff Initials _____

Product Temperature/Transport/Inspection

Local pre-distribution transport temp is RT (15-25°C)

Do Not X-Ray/Irradiate
Human Cells for Administration
Handle with Care

Pre-distribution product temperature at pickup (local): Bag 1 _____ °C
 Pre-distribution product temperature upon arrival (local): Bag 1 _____ °C
 Final distribution product temp upon arrival (import): Bag 1 _____ °C

Collection Date/Time _____ Inspected and Released by _____ Date/Time _____
 Courier _____ Arrival: Date/Time _____

Container Intact? Y or N Labeling complete/correct/legible? Y or N Evidence of Microbial Contamination? Y or N
 Appearance? Normal or Abnormal Inspected By: Initials/Date _____ Circle one: Accept Reject Quarantine

COBE Processing: Maximum RBC infusion volume _____ ml or N/A - Not a major mismatch

Initial Component	Infusion Component or <input type="checkbox"/> NA	Concentrated Component or <input type="checkbox"/> NA
Weight _____ g	Weight _____ g	Weight _____ g
Volume _____ ml	Volume _____ ml	Volume _____ ml
WBC _____ 10 ⁶ /ml	Final RBC Volume _____ ml	Final RBC volume _____ ml
Total WBC _____ x 10 ⁸	WBC _____ x 10 ⁶ /ml	WBC _____ x 10 ⁶ /ml
WBC/kg _____ x 10 ⁸	Viability _____ %	Viability _____ %
Heparin added _____ ml	Total vWBC _____ 10 ⁸	Total vWBC _____ 10 ⁸
Tech/Date/Time _____	vWBC/kg _____ 10 ⁸	vWBC/kg _____ x 10 ⁸
	Viable Recovery _____ % (≥ 70%)	Viable Recovery _____ % (≥ 70%)
	Total Grans _____ x 10 ⁸	Total Grans _____ x 10 ⁸
	Gran dose _____ x 10 ⁸ /kg (≤5x10 ⁸ /kg for peds)	Gran dose _____ x 10 ⁸ /kg (≤5x10 ⁸ /kg for peds)
	CD34/kg _____ x 10 ⁶	CD34/kg _____ x 10 ⁶
	Tech/Date: _____	Tech/Date: _____

Calculation 2nd Check By/Date: _____
 Date/Time CD34 Reported _____

NOTE: Data elements in bold are primary documentation.

Labeling Prepared By/Date/Time _____ Second Check _____
 (end processing)

