



**HÜCRESEL ÜRÜN TEDARİK BİLGİ FORMU**

Doküman No : TÜRKÖK F06	Revizyon No : 02	Sayfa: 1 / 1
Yayın Tarihi : 01.10.2015	Revizyon Tarihi : 11.04.2018	

**VERİCİ BİLGİLERİ**

TÜRKÖK Donör Numarası:	Doğum Tarihi: (GG-AA-YYYY)	Cinsiyeti:
Boy:(cm)	Kilo:(kg)	Kan Grubu:
Hücresel Ürün Toplama Merkezi:		

**DONÖR İŞLEM ÖNCESİ HEMOGRAM/ CD34+ DEĞERLERİ**

Tarih	WBC	HB	HCT	PLT	NEU(%)	LYM(%)	MON(%)	CD34+ ( / µl ) Sayısı
1.Toplama Günü								
2.Toplama Günü								

**DONÖR İŞLEM SONRASI HEMOGRAM DEĞERLERİ**

Tarih	WBC	HB	HCT	PLT	NEU(%)	LYM(%)	MON(%)	Diğer:
1.Toplama Günü								
2.Toplama Günü								

**VİTAL BULGULAR**

Tarih	İŞLEM ÖNCESİ			İŞLEM SONRASI		
	TA	NBZ	SS	TA	NBZ	SS
1.Toplama Günü						
2.Toplama Günü						

**İŞLEM BİLGİLERİ**

	1. Toplama Günü	2. Toplama Günü
Hücresel Ürün Toplama Tarihi:		
Başlangıç/ Bitiş Saati:		
Hücresel Ürün Toplama Tipi:		
Damaryolu: (Perifer/ Katater)		
İşlenen Kan Volümü: (ml)		
Donöre giden ACD-A Miktarı: (ml)		
Kalsiyum Takviyesi:		

**ALIM ESNASINDA DİKKAT ÇEKEN DURUM/ KOMPLİKASYON**

Yan Etki	<input type="checkbox"/> HAYIR		<input type="checkbox"/> EVET		
	Oluş yeri	Zamanı	Derecesi	Tedavi	Sonuç
Diğer, Açıklayınız.					

TÜRKÖK Refakat Personeli: (Kaşe-İmza)	Aferez Teknisyeni/ Hemşiresi: (Kaşe-İmza)	Toplama Merkezi Sorumlu Hekimi: (Kaşe-İmza)
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COLLECTION REPORT  
HPC, Apheresis(PBSC)

Document Number : TRKK C 01 HPC, Apheresis  
Effective Date : 01.08.2016

Revision No : 01  
Date Revised : 11.12.2018

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## PATIENT DATA

Patient name:	
Patient registry::	
Transplant center:	
Patient ID:(assigned by TR TRKK)	Patient ID: (assigned by patient registry)

## DONOR DATA

Donor registry:			
Donor ID:		Date of birth: (DD-MM-YYYY)	
Blood group/RhD:	Gender:	Weight:(kg)	CMV:

## COLLECTION CENTER

## TRANSPLANT CENTER

Institution:		Institution:	
Address:		Address:	
City:	Country:	City:	Country:
Attention:		Attention:	
Phone:	Fax:	Phone:	Fax:
E-Mail:		E-Mail:	

## STEM CELL HARVEST DATA

	Collection day 1	Collection day 2 (if applicable)
Date of stem cell collection: (DD-MM-YYYY)		
Collection started: (HH:MM) (GMT +3)		
Collection completed: (HH:MM) (GMT +3)		

## PRODUCT DATA

	Bag 1	Bag 2	Totals:
Product ID			
Collected volume in ml:			
Anticoagulant volume in ml:			
Donor plasma volume in ml:			
CD34 positive in µl:			
CD34 positive in %:			
CD34 positive in 10 <sup>6</sup> /patient weight in kg:			
CD3 positive in %:			
CD19 positive in %:			
WBC x10 <sup>6</sup> /ml			
Hematocrit in %:			
Vitality %			



COLLECTION REPORT  
HPC, Apheresis (PBSC)

Document Number : TRKK C 01 HPC, Apheresis  
Effective Date : 01.08.2016

Revision No : 01  
Date Revised : 11.12.2018

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## PATIENT/ DONOR DATA

Patient name:	
Patient registry::	
Transplant center:	
Patient ID:(assigned by TR TRKK)	Patient ID: (assigned by patient registry)

## DONOR DATA

Donor registry:
Donor ID:

## PRODUCT DATA (continued)

Blood cell separator model & software version:	Overnight storage:	Temperature stored:	Number of hours:
Amount of whole blood processed in ml:	Bag 1 <input type="checkbox"/> Yes <input type="checkbox"/> No	°C	
Is CD34 enumeration performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bag 2 <input type="checkbox"/> Yes <input type="checkbox"/> No	°C	
Additional comments:			

## ADDITIONAL SAMPLES TO ACCOMPANY STEM CELL PRODUCT

Sample type:	ml heparin	ml EDTA	ml other:
Samples taken on apheresis day:	ml no anticoagulant	ml ACD	

## DISCLAIMER:

- The cell products collected from this donor are intended solely for the purpose of immediate therapeutic treatment for the above mentioned patient.
- Any planned cryopreservation of the cell products prior to initial infusion to the patient may only occur with the advance written approval from the TR TRKK.
  - Excess cells may be stored for future therapeutic treatment for this patient. No other uses of these cells are permissible if cells are not used for the therapeutic treatment of the above mentioned patient must be disposed of properly and details must be provided to TR TRKK.
  - The donor center must be provided detailed information concerning the use and/or disposal of all portions of this cell product. By accepting these cells, the transplant physician also accepts these terms and conditions. Deviations from these terms are not permitted without prior written approval from the TR TRKK.
  - Any serious product events and/or adverse reactions must be reported both to the TR TRKK and transplant center. Corresponding SEAR/SPEAR reports must be completed by the registry providing the product, submitted to the WMDA Office and details must provided to the TR TRKK.

## COLLECTION CENTER

Person completing this form:	Date: (DD-MM-YYYY)	Signature:
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## TRANSPLANT CENTER

Person completing this form:	Date: (DD-MM-YYYY)	Signature:
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## NOTIFICATION TO TR TRKK OF STEM CELL PRODUCT DELIVERY

Please send this document as soon as possible to:		
Contact person at TR TRKK	Fax: 90 312 471 49 40	E-mail: <a href="mailto:workup.turkok@saglik.gov.tr">workup.turkok@saglik.gov.tr</a>



## TRANSPORT OF STEM CELL PRODUCT AUDIT

Document Number : TRKK C 02  
Effective Date : 01.08.2016

Revision No : 01  
Date Revised : 11.12.2018

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## PATIENT DATA

Patient name:	
Patient registry:	
Transplant center:	
Patient ID:(assigned by TR TRKK)	Patient ID: (assigned by patient registry)
Transplant Date: (DD-MM-YYYY)	

## DONOR DATA

Collection center:	
Donor registry:	
Donor ID:	
Collection date 1: (DD-MM-YYYY)	Collection date 2: (DD-MM-YYYY)

## DONOR REGISTRY DETAILS

Contact person at TR TRKK	Fax: 90 312 471 79 40	E-mail: <a href="mailto:workup.turkok@saglik.gov.tr">workup.turkok@saglik.gov.tr</a>
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## STEM CELL PRODUCT DATA

Type of Stem Cell Collected:	Number of Bags Collected:
Was the product or part of the product stored overnight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, where was the product stored and at what temperature?	
How was this monitored?	

## SECTION A: START OF STEM CELL PRODUCT TRANSPORT

Date stem cell product received by courier (DD-MM-YYYY):	Time (24h & local time):	
Name of courier:	Date: (DD-MM-YYYY)	Courier signature:
Collection center representative:	Date: (DD-MM-YYYY)	Collection center signature:

## SECTION B: SECURITY CHECK 1

Date (DD-MM-YYYY) and Time (24h & local time) security check: ..... / ..... / 20 .....	
Location of security check:	
Was the box opened for inspection:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the product handled in any way?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the product X-rayed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (incl. approx.. length of time secondary container was open):	



## TRANSPORT OF STEM CELL PRODUCT AUDIT

Document Number : TRKK C 02  
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## PATIENT/ DONOR DATA

Patient ID:(assigned by TR TRKK)

Patient ID: (assigned by patient registry)

## DONOR DATA

Donor ID:

## SECTION B: SECURITY CHECK 2

Date (DD-MM-YYYY) and Time (24h &amp;local time) security check:

..... / ..... / 20 ..... : .....

Location of security check:

Was the box opened for inspection:  Yes  NoWas the product handled in any way?  Yes  NoWas the product X-rayed?  Yes  No

Comments (incl. approx.. length of time secondary container was open):

## SECTION B: SECURITY CHECK 3

Date (DD-MM-YYYY) and Time (24h &amp;local time) security check:

..... / ..... / 20 ..... : .....

Location of security check:

Was the box opened for inspection:  Yes  NoWas the product handled in any way?  Yes  NoWas the product X-rayed?  Yes  No

Comments (incl. approx.. length of time secondary container was open):

## SECTION B: END OF STEM CELL PRODUCT TRANSPORT

Date (DD-MM-YYYY) stem cell product received at transplant center:

..... / ..... / 20 .....

Time: (HH:MM &amp; local time zone)

..... : .....

Courier name:

Date: (DD-MM-YYYY)

..... / ..... / 20 .....

Courier signature:

## SECTION C: CONFIRMATION OF TRANSPLANT CENTER

I confirm that I have read the above audit of transport of the product and examined all bags of:

All products appear to be in a satisfactory condition.

Additional comments:

Transplant center representative:

Date: (DD-MM-YYYY)

..... / ..... / 20 .....

Transplant center signature:

## NOTIFICATION TO TR TRKK OF STEM CELL PRODUCT DELIVERY

Please send this document as soon as possible to:

Contact person at TR TRKK

Fax:

90 312 471 79 40

E-mail:

[workup.turkok@saglik.gov.tr](mailto:workup.turkok@saglik.gov.tr)



## CHECK LIST OF PRODUCT ACCEPTANCE

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Effective Date : 18.08.2016	Date Revised : 11.12.2018	

## PATIENT/ DONOR DATA

Patient name:	
Patient registry:	
Transplant center:	
Patient ID: (assigned by TR TRKK)	Patient ID: (assigned by patient registry)

## DONOR DATA

Name of apheresis/ collection center:	
Donor registry:	
Donor ID:	
Product acceptance date: (DD-MM-YYYY)	Product collection date: (DD-MM-YYYY)

	YES	NO	EXPLANATION
Have you checked the product bags in terms of integrity and the sealed mouth of bags in terms of leakage ?			
Have you received a visual inspection of the contents of the bag? (Color, Odor, Particulate)			
Have you checked the integrity of the container and the warning signs?			
Do you have a leakage in the carrying case?			
When you accept the cellular product the temperature measured?			
Have you checked Temperature records which were taken during the transfer of the product?			
Have you checked the records of accepted cellular product and order form? (including the adverse event form of transportation)			
Have you checked the labels of the product?			
Have you placed the product in quarantine cabinet?			
Have you got copies of forms of transport for the product of other centers?			
Have you registered the Cell Processing Unit Record and Appointment Book?			
Explanation:			

Name of courier:	Date: (DD-MM-YYYY)	Courier signature:
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COURIER LETTER  
KURYE MEKTUBU

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**TO :** AIRPORT, AIRLINE, TRANSPORTATION PERSONNEL AND SECURITY OFFICIALS  
**İLGİLİ :** HAVAALANI, HAVAYOLU ŞİRKETİ, NAKLİYE PERSONELİ VE GÜVENLİK GÖREVLİLERİNE

**Name courier:**  
Kurye Adı Soyadı:

**Passport number:**  
Pasaport numarası:

**is a trained courier transporting human blood stem cells**  
Hücresel ürün eğitilmiş bir tıbbi kurye refakatinde taşınmaktadır.

**from collection center:**  
Hücresel Ürün Toplama Merkezi:

**to transplant center:**  
Kemik İliği Nakil Merkezi:

**for a patient who is awaiting a life saving blood stem cell transplant.**  
Hayat kurtarıcı nitelikteki hücresel ürün, nakle ihtiyacı duyan bir hasta için taşınmaktadır.

**It is imperative that the blood stem cells are transported without delay and remain with the courier at all times.**  
Hücresel ürünün gecikme yaşamadan ve tıbbi kurye refakatinde taşınması zorunludur.

## PLEASE DO NOT X-RAY, ONLY HAND INSPECT AT AIRPORT SECURITY CHECKPOINTS.

LÜTFEN HAVALİMANI GÜVENLİK NOKTALARINDA X-RAY'DAN GEÇİRMEYİNİZ, GEREKLİ GÖRÜLMESİ DURUMUNDA SADECE EL İLE KONTROL EDİNİZ

**We request that these blood stem cells are not exposed to X-ray as repeated X-ray exposure may damage the lifesaving cells contained in this product. If it is essential for airline safety to X-ray these stem cells, this courier has been instructed to fully cooperate with your requests.**

*Hücresel ürünün X-ray'a cihazından geçmesi, ürüne zarar vermekte ve hayat kurtarıcı özelliğini yok etmektedir. Hayat kurtarıcı özelliğe sahip hücresel ürünün X-ray cihazından geçmemesini talep ediyoruz. Havayolu güvenliği için gerekli görülmesi durumunda sadece el ile kontrol ediniz, Tıbbi kurye bu konuda işbirliği içinde olacaktır.*

**To ensure that the designated temperature conditions can be maintained, the transport box containing the blood stem cells may also contain cooling elements and a temperature monitoring device. Should a physical inspection be necessary please minimize the length of time that the box is open.**

*Hücresel ürün taşıma çantası talep edilen soğutma koşullarını sağlamak amacıyla mavi jel paketleri ve bir sıcaklık izleme cihazı içermektedir. (Mavi jel paketleri gaz içermez. Hava taşıtlarında kabin içinde taşınabilir.) Fiziksel inceleme gerekiyorsa, lütfen taşıma çantasının açık kalma süresini en aza indirin.*

**The volunteer adult donor of this product has been tested and found negative for viral hepatitis and HIV (AIDS).**  
Hücresel ürün kaynağı olan bağışçının viral hepatit ve HIV (AIDS) testleri negatif bulunmuştur.

**Your cooperation and assistance in expediting the arrival of this product at its destination without delay is appreciated.**  
Hücresel ürünün teslimat merkezine gecikme yaşamadan varışı konusunda işbirliğiniz ve yardımlarınız teşekkür ederiz

**If there are any questions regarding the transport of these blood stem cells, please contact:**  
Hücresel ürünün taşınmasıyla ilgili herhangi bir sorunuz varsa, lütfen iletişime geçiniz:

**Name TR TRKK Representative:**  
TÜRKÖK Koordinatörü Adı Soyadı:

**24 hour phone:**  
24 saat ulaşılabilir telefon:

**Your sincerely;**  
Saygılarımla,

**Collection Center Representative Signature:**  
Hücresel Ürün Toplama Merkezi Hekimi:

**Date: (DD-MM-YYYY)**  
Tarih: (GG-AA-YYYY)

**Signature:**  
İmza: