F 06

TÜRKİYE KÖK HÜCRE KOORDİNASYON MERKEZİ
TURKISH STEM CELL COORDINATION CENTER

HÜCRESEL ÜRÜN TEDARİK BİLGİ FORMU

TÜRKÖK KÖK HÜCRE

Doküman No	: **TÜRKÖK F06**	Revizyon No	: **03**	Sayfa: **1 / 1**
Yayın Tarihi	: **01.10.2015**	Revizyon Tarihi	: **24.12.2018**	

VERİCİ BİLGİLERİ

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

DONÖR İŞLEM ÖNCESİ HEMOGRAM DEĞERLERİ

Tarih	WBC	HB	HCT	PLT	NEU(%)	LYM(%)	MON(%)	Diğer:
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						

KEMİK İLİĞİ TOPLAMA İŞLEM BİLGİLERİ

	1. Toplama Günü	2. Toplama Günü
Hücresel Ürün Toplama Tarihi:		
Başlangıç/ Bitiş Saati:		
Toplanan Ürün Volümü:		
Kullanılan Cerrahi Ve Girişimsel Malzemeler:		
Kan ve Kan Ürünü Kullanımı:		

KEMİK İLİĞİ TOPLAMA SIRASINDA KOMPLİKASYON

☐ YOK ☐ VAR

Varsa, Açıklayınız.

TÜRKÖK Refakat Personeli: (Kaşe-İmza)	Ameliyathane Teknisyeni/ Hemşiresi: (Kaşe-İmza)	Toplama Merkezi Sorumlu Hekimi: (Kaşe-İmza)

TÜRKÖK - Türkiye Kök Hücre Koordinasyon Merkezi
TR TRKK - Turkish Stem Cell Coordination Center
Sağlık Bakanlığı Bilkent Yerleşkesi Üniversiteler Mah. Dumlupınar Blv. 6001.Cad. No:9 (5.Kat) Bilkent-Çankaya/ ANKARA

TÜRKİYE KÖK HÜCRE KOORDİNASYON MERKEZİ
TURKISH STEM CELL COORDINATION CENTER

COLLECTION REPORT
Bone Marrow

Document Number	: **TRKK C 01 Bone Marrow**	Revision No	:	Page: **1 of 2**
Effective Date	: **24.12.2018**	Date Revised	:	

PATIENT DATA

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

DONOR DATA

Donor registry:
TR TRKK TURKISH STEM CELL COORDINATION CENTER

Donor ID:		Date of birth: (DD-MM-YYYY)	
Blood group/RhD: **O Rh (-)NEGATIVE**	Gender: **FEMALE**	Weight:(kg)	CMV: **POSITIVE**

COLLECTION CENTER / TRANSPLANT CENTER

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/ Time completed: (HH:MM) (GMT +3)	/	/

PRODUCT DATA

		Harvest day 1	Harvest day 2	Totals:
Product ID				
Product volume	in (ml)			
Hematocrit	in (%)			
Total number of (nucleated) cells collected	x 10^8			
Total NC (*weight of patient)	x 10^8 / kg*			
$CD34^+$ cells	in (µl)			
$CD34^+$ cells	in (%)			
$CD34^+$ cells (*weight of patient)	x 10^6 / kg*			
$CD3^+$	in (%)			
$CD19^+$	in (%)			
Anticoagulant used:				
Anticoagulant volume	in (ml)			
Viability	in (%)			

TÜRKİYE KÖK HÜCRE KOORDİNASYON MERKEZİ
TURKISH STEM CELL COORDINATION CENTER

COLLECTION REPORT
Bone Marrow

TÜRKÖK KÖK HÜCRE

Document Number	: **TRKK C 01 Bone Marrow**	Revision No	:	Page: **2 of 2**
Effective Date	: **24.12.2018**	Date Revised	:	

PATIENT/ DONOR DATA

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

DONOR DATA

Donor registry:
TR TRKK TURKISH STEM CELL COORDINATION CENTER
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 ☐ Yes ☐ No	°C	
Is CD34 enumeration performed? ☐ Yes ☐ No		Bag 2 ☐ Yes ☐ No	°C	
Additional comments:				

ADDITIONAL SAMPLES TO ACCOMPANY STEM CELL PRODUCT

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

DISCLAIMER:

1	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.
2	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.
3	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.
4	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:

TRANSPLANT CENTER

Person completing this form:	Date: (DD-MM-YYYY)	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: **international.turkok@saglik.gov.tr**

TÜRKÖK - Türkiye Kök Hücre Koordinasyon Merkezi
TR TRKK - Turkish Stem Cell Coordination Center
Sağlık Bakanlığı Bilkent Yerleşkesi Üniversiteler Mah. Dumlupınar Blv. 6001.Cad. No:9 (5.Kat) Bilkent-Çankaya/ ANKARA

TÜRKİYE KÖK HÜCRE KOORDİNASYON MERKEZİ
TURKISH STEM CELL COORDINATION CENTER

TRANSPORT OF STEM CELL PRODUCT AUDIT

TÜRKÖK KÖK HÜCRE

Document Number	: **TRKK C 02**	Revision No	: **01**	Page: **1 of 2**
Effective Date	: **01.08.2016**	Date Revised	: **11.12.2018**	

PATIENT DATA

Patiant 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: **TR TRKK TURKISH STEM CELL COORDINATION CENTER**	
Donor ID:	
Collection date 1: (DD-MM-YYYY)	Collection date 2: (DD-MM-YYYY)

DONOR REGISTRY DETAILS

Contact person at TR TRKK	Fax:	E-mail:
NEJLA VATANSEVER YILDI	**90 312 471 79 40**	**international.turkok@saglik.gov.tr**

STEM CELL PRODUCT DATA

Type of Stem Cell Collected: **BONE MARROW**	Number of Bags Collected:
Was the product or part of the product stored overnight?	☐ Yes ☐ 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:	☐ Yes	☐ No
Was the product handled in any way?	☐ Yes	☐ No
Was the product X-rayed?	☐ Yes	☐ No
Comments (incl. approx.. length of time secondary container was open):		

TÜRKİYE KÖK HÜCRE KOORDİNASYON MERKEZİ
TURKISH STEM CELL COORDINATION CENTER

TRANSPORT OF STEM CELL PRODUCT AUDIT

TÜRKÖK KÖK HÜCRE

Document Number	: **TRKK C 02**	Revision No	: **01**	Page: **2 of 2**
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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 &local time) security check: ….. / ….. / 20 ….. ….. : …..		
Location of security check:		
Was the box opened for inspection:	☐ Yes	☐ No
Was the product handled in any way?	☐ Yes	☐ No
Was 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 &local time) security check: ….. / ….. / 20 ….. ….. : …..		
Location of security check:		
Was the box opened for inspection:	☐ Yes	☐ No
Was the product handled in any way?	☐ Yes	☐ No
Was 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 & 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: **international.turkok@saglik.gov.tr**

TÜRKİYE KÖK HÜCRE KOORDİNASYON MERKEZİ
TURKISH STEM CELL COORDINATION CENTER

COURIER LETTER
KURYE MEKTUBU

TÜRKÖK KÖK HÜCRE

Document Number	: **TRKK C 04**	Revision No	: **01**	Page: **1 of 1**
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TO / *İLGİLİ* : **AIRPORT, AIRLINE, TRANSPORTATION PERSONNEL AND SECURITY OFFICIALS**
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 eğitimli 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 ihtiyaç 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 tıbbı 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 gerekliyse, 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:
NEJLA VATANSEVER YILDIZ

24 hour phone:
24 saat ulaşılabilir telefon:
90 312 471 77 57

Your sincerely;
Saygılarımla,

Collection Center Representative Signature:
Hücresel Ürün Toplama Merkezi Hekimi:

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

Signature:
İmza: