		Dept:	324316	
333	Maintaining Cryoinventory	Dept Name	Stem Cell Transplant	
₩ Wake Forest			and Cellular Therapy	
D. S. M. B. LC.			Program	
Baptist Medical Center		Effective		
		Date:		
		Revised	12/9/19	
		Date:		
Name & Title: CLIA Labor	Contact:	JH Simmons/C Warren		
Signature:	Date:			

1. General Procedure Statement:

A. Purpose: Maintain accurate inventory of cryopreserved products.

B. Responsible Department/Scope:

- i Procedure owner/Implementer: Julie H. Simmons/ Christina S. Warren/Emily H. Wilson
- ii. Procedure prepared by: Hannah K. Phillips
- iii. Who performs procedure: Department staff/management
- **C. Definitions:** N/A

D. Sections:

- I. Inventory Changes Post-Infusion
- II. Product from Expired Patients (Monthly)
- III. Product from Expired Patients (Quarterly)
- **E. Protocols:** N/A

2. Procedure:

SECTION I. – Inventory Changes Post-Infusion

STEPS	INSTRUCTIONS	CHANGE/ APPROVAL
1.0	Electronically record any product removed for infusion in the Freezer Log.	
	1.1 The electronic freezer inventory is at G:lab Shared/BMT common/BMT processing lab/Cryoinventory	
2.0	Print updated cryoinventory page and store in Freezer log.	
3.0	If 100% of the product is infused record vial locations on the Vial Release Form and circle the vial location in red ink in the Freezer Log.	
	EXPECTED OUTCOME RESULTS: Freezer log will accurately display current inventory.	
	ACCEPTABLE RANGES: N/A	

SECTION II. – Product from Expired Patients (Monthly)

STEPS	INSTRUCTIONS	CHANGE/							
		APPROVAL							
1.0	Obtain the Expired Patients List from a nurse coordinator or data manager.								
2.0	Search the Electronic Patient List to identify any transplanted patients that have expired.								
3.0	Pull charts (yellow folders) for patients identified as expired to assess product availability.								
	3.1 If there is remaining product complete Specimen Release Form and fax to BMT program director for signature.3.2 Program director must sign form to authorize release of products BEFORE any product is moved.								
4.0	Contact Cancer Center Core Lab to coordinate transfer of products.								
	4.1 If the CC Core lab is accepting products, transfer products to a Styrofoam box in at least 3 inches of liquid nitrogen.								
	4.2 Two BMT personnel must verify patient name, medical record number, and sample number when removing product from the reservoir.								
	4.3 Routinely all cryovials are also removed from the reservoir at this time and transferred in a vial box.								

STEPS	INSTRUCTIONS	CHANGE/ APPROVAL							
5.0	Cryovials of patients who meet ALL the below criteria can also be transferred to								
	the CC Core Lab without the signature of the program director.								
	• 100% infused								
	Engrafted								
	• 100 days past infusion								
6.0	Give a copy of the Specimen Release Form to the Core Lab personnel and file								
	another copy in the Marrow Release Book.								
7.0	If Core Lab is not accepting stem cells at this time, products will be disposed of in a red biohazard bin.								
	7.1 Two BMT personnel must verify patient name, medical record								
	number, and sample number when removing product from the reservoir.								
	7.2 Record product disposal on the Specimen Release Form.								
8.0	Update freezer log and patient chart to reflect moved/discarded products.								
	EXPECTED OUTCOME RESULTS: Unnecessary products will be eliminated so as to maximize storage capacity.								
	ACCEPTABLE RANGES: N/A								

SECTION III. – Product from Expired Patients (Yearly)

STEPS	INSTRUCTIONS	CHANGE/ APPROVAL
1.0	Using the freezer inventory, check patient status in Wake One to see if any patients have expired.	
2.0	Enter patient medical record number.	
	2.1 On the first screen under the patient information, the word "DECEASED" will be in red letters if the patient is expired.	
	2.2 If you "Select" an expired patient a deceased patient warning will appear. <i>See attachment 1</i>	
3.0	Once expired patients have been identified, refer to Section II steps $3.0-10.0$ of this procedure.	
	EXPECTED OUTCOME RESULTS: Unnecessary products will be eliminated so as to maximize storage capacity	
	ACCEPTABLE RANGES: N/A	

${\bf 3.}\ \ Review/Revised/implemented:$

All procedures must be reviewed according to the document change control policy.

All new procedures and procedures that have major revisions must be signed by the CLIA Director.

All reviewed procedures and procedures with minor revisions can be signed by the designated section medical Director or designee

4. Related Procedures: N/A

5. References: N/A

6. Attachments:

Attachment 1 – Epic Screenshots

7. Revised/Reviewed Dates and Signatures:

See Document Change Control

Document Change Control												
			vento	rv								
Title: Maintaining Cyroinventory Previous title:												
Written date Written by:												
Validation date						Validation by						
Reviewed date						Reviewed by						
Approved of				Approved by								
Approved of						**						
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G:Lab Shared/BMT Common/BMT Management/Manuals/QC 12/2019

5/16/11

8/25/17

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GP

MRJ

ATTACHMENT 1

Epic Screenshots



