**Checklist for Release of Autologous Cranial Bone Flap to Transfer to an Outside Facility**

* Obtain patient identification from person picking up the Autologous Bone Flap (label, addressograph, etc.). This must include the patient’s full name and date of birth.
* Retrieve requested bone flap from the -80ºC frozen inventory.
* Verify package integrity and perform a two person (2 TS staff) verification “read-back” of the patient identification that was brought to TS by the outside facility against the bone flap package label.
* Complete the Autologous Cranial Bone Flap Transfer form that will arrive with transporter. This requires additional two-person verification with a TS staff and the hospital transporter.
* Document the release of the bone flap to an outside facility in the Autologous Bone Flap Tracking log.
* Package bone flap in validated shipping container to maintain proper storage requirements.
* Add about 2 kgs of dry ice at the bottom of the box and another layer of the same amount on top of the bone flap package. This will maintain the temperature for up to 24 hours.
* Place a calibrated ultra low -80 thermometer inside the box.
* Affix the appropriate warning labels on the upper right hand corner of the box (ie: dry ice, category B biological specimen, and biohazard label).
* Affix the Transport Package Label to the bottom left hand corner of the shipping container.
* Affix the Transport Package Label to the outside of the shipping container
* Send envelope along with the shipping container to the receiving facility. The envelope should include:
* Autologous Bone Flap Transport Record (to be completed by receiving facility and returned to TS) upon final disposition of bone flap.
* Copy of medical record
* Copy of procedures (if necessary)
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Staple this checklist to a copy of the Allogeneic / Autologous Bone Flap Transport Record
* Store TS copy in the Autologous Bone Flap Tracking Notebook.

Performed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*CF5005, Version 2, September, 2013*