SEATTLE CHILDREN'S THERAPEUTICS THERAPEUTIC CELL PRODUCTION CORE COMMUNICATION FORM

Document number: CF-00961-03

Revision: 05

Effective date: 06/30/2023

PLAT-05 / SCH IRB 00961

MNC COLLECTION FORM:				
Arm A: SCRI-CAR19x22v1, Arm B: SCRI-CAR19x22v2 PATIENT INFORMATION				
LAST NAME FIRST NAME	MIDDLE NAME			
DATE OF BIRTH				
///				
RECIPIENT MRN or IDENTIFIER:	SUBJECT ID: 00961-S			
MNC COLLECTION INFORMATION				
Collection Center Name:				
Date of Collection: Collection End T	ime: Whole Blood Volum	e Processe	d:	
Collection Volume + Anticoagulant:	Minimum Target Plasma Volume:			
mL × 0.3 =	mL			
Date and Time Product Packaged for Transport:				
MNC COLLECTION SUMMARY				
Plasma volume added to MNC Collection bag is at least 30% of Collection Volume + Anticoagulant		\square PASS	\square FAIL	
Total MNC product volume does NOT exceed 600mL		□ PASS		
MNC Bag Label affixed to collection bag and all patient identifiers are legible and have been verified		□ PASS		
Proximal seals to the collection bag are hermetic (only heat seals and metal clips are acceptable)		□ PASS	☐ FAIL	
Anticoagulant was used		☐ PASS	☐ FAIL	
COMMENTS	ID Label			
Place Hospital ID Label Here OPERATOR INFORMATION				
Completed By:	Date:			

E-MAIL COMPLETED FORM TO TCPC@seattlechildrens.org.

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REVISION HISTORY

Revision	Effective Date	Summary of Changes
00	11/06/2017	Initial version of document.
01	08/01/2018	Added header, updated title and document numbering schema.
02	04/30/2020	Update Product name in title. Remove subject weight
03	07/21/2020	Add Arm B product name to title
04	06/21/2022	Remove calculation for total MNC product volume. Update Building Cure contact
		information. Update Organization from SCRI to SCTx.
05	06/30/2023	Remove ≥ sign from minimum target plasma volume.