

**SEATTLE CHILDREN'S THERAPEUTICS
THERAPEUTIC CELL PRODUCTION CORE
COMMUNICATION FORM**

Document number: CF-02488-03
Revision: 03
Effective date: 06/30/2023

PLAT-07

MNC COLLECTION FORM: SCRI-CAR22v2

PATIENT INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
_____	_____	_____
DATE OF BIRTH		
____ / ____ / ____		
(MM)	(DD)	(YYYY)
RECIPIENT MRN or IDENTIFIER: _____		SUBJECT ID: 02488-S _____

MNC COLLECTION INFORMATION

Collection Center Name: _____

Date of Collection: ____ / ____ / ____ **Collection End Time:** _____ **Whole Blood Volume Processed:** _____ mL

(MM) (DD) (YYYY)

Collection Volume + Anticoagulant: _____ mL **Minimum Target Plasma Volume:** _____ mL

_____ 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	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
Total MNC product volume does NOT exceed 600mL	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
MNC Bag Label affixed to collection bag and all patient identifiers are legible and have been verified	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
Proximal seals to the collection bag are hermetic (only heat seals and metal clips are acceptable)	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
Anticoagulant was used	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL

COMMENTS

ID Label

N/A

Place Hospital ID Label Here

OPERATOR INFORMATION

Completed By: _____ **Date:** _____

E-MAIL COMPLETED FORM TO TCPC@seattlechildrens.org.
FILE COMPLETED FORM IN CLINICAL SUBJECT STUDY BINDER

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REVISION HISTORY

Revision	Effective Date	Summary of Changes
00	09/11/2020	Initial version of document.
01	06/21/2022	Remove calculation for Total MNC Product Volume. Update Building Cure contact information. Update Organization from SCRI to SCTx.
02	01/11/2023	Add an “S” to subject ID.
03	06/30/2023	Remove \geq sign from minimum target plasma volume.