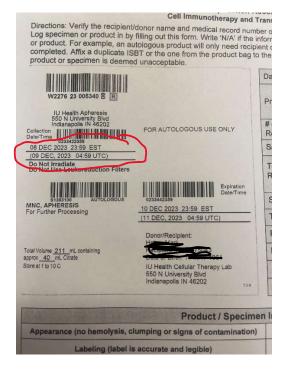
Clerical error during label re-print.



WARNING – Hematrax CT defaults to 23:59.



Label verification form was used but the error was not caught.

		1	
Indiana University Health Cellular Therapy Lab UH 3453	DIN		
550 N. University Blvd. Indianapolis, IN 46202		I	Interim Label

Verification of Product Labeling: Autologous MNC(A) F-406 v09.08.2020

Signature of Product Labeler:_____ Date:_____

Label Verification: Verify (using a source document) that each element on the product bag label and tags is _accurate, legible and complete.

(•)	
	DIN
	Proper name of product affixed to bag. ISBT 128 product code is appropriate for product type, anticoagulant, storage temperature and attributes.
	"FOR AUTOLOGOUS USE ONLY"
	Donor Name: Last, First, Middle Initial (if included)
	Donor MRN
	Donor date of birth
	IU Health Apheresis Collection Facility
	IU Health Cellular Therapy Lab Processing Facility
	Collection date and end times (including time zone)
	Expiration date and time
	Total product volume
	Anticoagulant volume
	Applicable biohazard and/or warning labels (s) and statements printed on the affixed product label or attached on the tie tag.
	"Not evaluated for infectious substances" on tie tag.
	Manufacturer label affixed to bag according to manufacturer specific SOP or study SOP.

Signature of Labeling Verifier: _____ Date: _____

When you sign this form you're stating that you verified all applicable data points.