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

* Obtain patient identification from person picking up the Autologous Bone (label, addressograph, etc.). This must include the patient’s full name and date of birth.
* Retrieve requested bone package from the -80ºC frozen inventory.
* Verify package integrity and perform a two person (2 TSL staff) verification “read-back” of the patient identification that was brought to TSL by the outside facility against the bone package label.
* Complete the Autologous Bone Transfer form that will arrive with transporter. This requires additional two-person verification with a TSL staff and the hospital transporter.
* Document the release of the bone package to an outside facility in the Autologous Bone Tracking log.
* Package bone package in validated shipping container to maintain proper storage requirements.
* Add about 2 lbs of dry ice at the bottom of the box and another layer of the same amount on top of the bone package. This will maintain the temperature for up to 24 hours.
* Place a calibrated ultra low -80 thermometer inside the box for facilities in King County
* 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 outside of the shipping container
* Send envelope along with the shipping container to the receiving facility. The envelope should include:
* Autologous Bone Transport Record (to be completed by receiving facility and returned to TSL) upon final disposition of bone flap.
* Copy of Tissue Tracking Record
* Copy of culture result
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Staple this checklist to a copy of the Allogeneic / Autologous Bone Flap Transport Record
* Staple TSL copy to the Tissue Tracking Record. File in the Tissue Issued notebook, alphabetically.

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

*CF5006, Version 2, March 2014*