

# CHECKLIST FOR AUTOLOGOUS STEM CELL PURGING

---

1. Complete the enclosed **Referral Form** and fax to the Autologous Hematopoietic Stem Cell Transplant (ASCT) Office. Please notify us of anything that requires a change of the tentative purging date as soon as possible.
2. A **memorandum of understanding (MOU)** with Children's Hospital Los Angeles (CHLA) must be signed by your institution to guarantee payment for the purging. This must be completed and faxed to the ASCT Office no later than the day before the stem cell collection. Once completed, the MOU will apply to all patients from your institution. The MOU can be downloaded from the COG website for the A3973 study or is available from our ASCT Office.
3. A **signed informed consent** for purging must be obtained and faxed to the Hematopoietic Stem Cell Processing Laboratory no later than the day before the first product is collected. The consent is either the COG or NANT consent for the study on which your patient is registered, or the CHLA compassionate consent (this may be obtained from our ASCT Office).
4. **Viral serologies** must be performed within one month prior to the purging date (see attached list of specific tests – FAHCT Requirements). **ABO-Rh typing** of the patient and the collected stem cell product must be done as soon as possible. Results of all laboratory tests are to be faxed to the Stem Cell Lab at by the day of Stem Cell Processing.
5. Additional specimens required prior to purging are:
  - a. For purged PBSC: NONE.
  - b. For purged bone marrow: Bilateral bone marrow aspirate with 5 cc from each side for cell count and tumor content by immunocytology obtained 10 days prior to scheduled purging and shipped to Dr. Seeger's Lab. See attached specimen transmittal form and shipping instructions for this specimen. Our office will notify you if the results of the marrow are acceptable to proceed to purging.
6. At the time of shipping (see attached shipping instructions):
  - a. Items to FAX to the Stem Cell Laboratory:
    - 1) **Stem Cell Data Sheet** (enclosed)
    - 2) **Shipping information** (including carrier tracking number)
    - 3) **Physicians Orders** (signed and dated by the attending physician)
  - b. Call the ASCT Office and the Stem Cell Laboratory to confirm receipt of Stem Cell Data Sheet and expected arrival date and time for stem cells being shipped.
7. **3 weeks before the patient is ready to be infused with purged stem cells:**

Contact the ASCT Coordinator to request the shipping of the cryopreserved stem cell product. The ASCT Coordinator will send you at that time a request form to complete, as well as forms for monitoring engraftment data for ANC and platelets. Fax the completed forms to the CHLA Hematopoietic Stem Cell Processing Lab.

---

Hematopoietic Stem Cell Processing Laboratory	Phone (323) 669-5632
	Fax (323) 665-5632

Autologous Stem Cell Transplant (ASCT) Office	Phone (323) 669-4565
	Fax (323) 664-9324