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Supported by grants from the National Institute of Allergy and Infectious Diseases and the National Institute for Diabetes and Digestive and Kidney Diseases.

- At Emory University, U01AI089317.
- At Northwestern University, U01AI089316.
- At the University of Alberta, Edmonton: U01AI065191.
- At the University of California, San Francisco, U01DK085531.
- At the University of Illinois, Chicago, 5U01DK070431-10.
- At the University of Iowa, U01DK070431.
- At the University of Miami, U01DK070460.
- At the University of Minnesota, U01AI065193.
- At the University of Pennsylvania, U01DK070430.
- At Uppsala University, U01AI065192.

In addition, the study was supported by the following GCRC and CTSA awards:

- At Emory University: UL1TR000454.
- At Northwestern University: 5UL1RR025741 and 8UL1TR000150.
- At the University of California, San Francisco, UL1TR000004.
- At the University of Illinois, Chicago, UL1TR000050.
- At the University of Miami: 1UL1TR000460.
- At the University of Minnesota: 5M01-RR000400 and UL1TR000114.
- At the University of Pennsylvania: UL1TR000003.

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To cite this article

Purified Human Pancreatic Islets with Lisofylline, Interim Certificate of Analysis (Product Code PHPI-L-01) – Standard Operating Procedure of the NIH Clinical Islet Transplantation Consortium

CellR4 2017; 5 (2): e2296

DAIT, NIAID, NIH

SOP ATTACHMENT



Document No.
SOP 3100, B03

Revision No.
02

Effective Date
21 July 2009

Supersedes Date
02 June 2008

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Document Title:

PURIFIED HUMAN PANCREATIC ISLETS WITH LISOFYLLINE, INTERIM CERTIFICATE OF ANALYSIS (PRODUCT CODE PHPI-L-01)

Manufacturing Facility: _____

Islets Lot Number: _____ **Recipient Study ID #:** _____

Recipient Medical Record Number: _____

Product Formulation:

Manufacture Date: _____
(Date 1st Infusion Bag filled)

Number of Bags in Lot: _____

Storage Condition: + 15°C to + 30°C

COMPONENT	CONCENTRATION
Islet Equivalents (IEQ)	≥ 4.0 X 10 ³ IEQ/kg of Recipient Body Weight (Total IEQ/infusion)
Albumin Human USP	2.5%
Lisofylline	100 μM
CMRL 1066 Transplant Media, Contains HEPES and without Sodium Bicarbonate	q.s. to 200 mL per bag

TEST	REQUIREMENT	RESULTS
IDENTITY		
Recipient Identity	Recipient Study ID # and Recipient Medical Record Number on this CoA and on each infusion bag label are identical to that in the Production Batch Record, Section 12.3	Bag 1: _____ Bag 2: _____ Bag 3: _____
Islets Identity	Islets are present in each product bag	Bag 1: _____ Bag 2: _____ Bag 3: _____
VOLUMES IN BAGS		
Suspension Volume	200 mL per product bag ≤ 600 mL total in three product bags	Bag 1: _____ mL Bag 2: _____ mL Bag 3: _____ mL Total: _____ mL
Settled Tissue Volume	≤ 7.5 mL per product bag ≤ 15.0 mL total in three product bags	Bag 1: _____ mL Bag 2: _____ mL Bag 3: _____ mL Total: _____ mL
POTENCY		
High Purity Islets GSIR Index (Pre-culture Sample)	For Information Only	GSIR Index: _____
Islets Quantity	<u>First Infusion:</u> ≥ 5.0 X 10 ³ IEQ/kg of Recipient's Body Weight (Total IEQ/infusion) <u>Subsequent Infusions:</u> ≥ 4.0 X 10 ³ IEQ/kg of Recipient's Body Weight (Total IEQ/infusion)	Bag 1: _____ IEQ/kg Bag 2: _____ IEQ/kg Bag 3: _____ IEQ/kg Total: _____ IEQ/kg

Document No. SOP 3100, B03	Revision No. 02	Effective Date 21 July 2009	Supersedes Date 02 June 2008	Page 2 of 2
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Islets Lot Number: _____ **Recipient Study ID #:** _____
Recipient Medical Record Number: _____

TEST	REQUIREMENT	RESULTS
POTENCY (CONTINUED)		
Viability	≥ 70% in each product bag	Bag 1: _____ % Bag 2: _____ % Bag 3: _____ %
PURITY		
Islets Concentration	≥ 20,000 Total IEQ/mL Total Settled Tissue Volume	Bag 1: _____ IEQ/mL Bag 2: _____ IEQ/mL Bag 3: _____ IEQ/mL Total: _____ IEQ/mL
SAFETY		
Appearance	Light yellow to amber liquid with visible aggregates in each product bag	Bag 1: _____ Bag 2: _____ Bag 3: _____
Endotoxins	≤ 5.0 EU/kg of Recipient's Body Weight (Total EU/infusion)	Bag 1: _____ EU/kg Bag 2: _____ EU/kg Bag 3: _____ EU/kg Total: _____ EU/kg
Gram Stain (Islets Purity Levels Pre-combination Samples)	No Organisms Seen	High Purity: _____ Middle Purity: _____ Low Purity: _____

All Test Results Meet Requirements: Yes No (Circle One)

_____ Date: _____
Recorded By

_____ Date: _____
Laboratory Director, Operations Manager, or Designee