

PLATELET RICH PLASMA/PLATELET GEL RECORD

Procedure Date _____ Patient Name _____
Physician _____ Med. Record # _____
Anesthesia _____ Age _____ Height _____ (inches) Weight _____ (lbs)
PRP Technician _____ Hgb/Hct/Plt. _____
Procedure _____ Allergies _____
Facility _____ Previous Exposure to Bovine Thrombin? Yes No Unknown

CHECKLIST

Visual inspection of hardware/electrical
 Operational modes working correctly
 System components and backup available
 Floating Shelf movement verified
 Supplies availability verified
 Disposable(s) sterility intact, no defects noted
 Labels applied (patient & products)
 Physician phlebotomy order in chart
 Thrombin & Calcium Chloride available
 Syringe(s) Plunger movement verified
 Patient Consent Form completed and in chart
 Blood borne Pathogens/Sterile procedures followed

PROCESSING INFORMATION

Procedure: Start _____ End _____ Phlebotomy done by: _____
Venous blood drawn _____ ml Blood draw by: _____
Draw Site _____ Product volume: _____ ml PPP _____ ml PRP

APPLICATIONS

Thrombin/Calcium Chloride: _____ units Thrombin/ _____ ml Calcium Chloride

PRP vol. used _____ PRP application site(s) _____
PPP vol. used _____ PPP application site(s) _____

BONE GRAFT (Applicable Not Applicable)

Autograft Allograft Other _____ Bone graft volume used _____ cc
PRP vol. used for Bone Graft _____ cc Site bone graft applied _____

CONCLUSIONS

PRP Record Complete Disposal per biohazard policy
 Equipment cleaned/ready Assistance offered to MD and/or staff

EQUIPMENT/SUPPLIES

Centrifuge used: SmartPReP
Processing Kit Size: 20cc 60cc 120cc
Applicator(s): Liquid (x_) Spray (x_)
Anticoagulant: ACD-A
Bovine Thrombin, 5000 unit vial
10% Calcium Chloride, 10ml vial
Other applicator tip: _____

Lot Numbers

Exp. Date

Not Applicable

COMMENTS

Technician _____