

Record of Blood Components Returned or Transferred

The Blood Center
Hammond, LA | New Orleans, LA

Phone: (985) 340-2343 | Fax: (985) 340-2344

Note: Only one component type may be listed per form.

FROM: (Hospital /Facility ID) _____ **Date:** _____

TO: (Hospital /Facility ID): _____ **Total number of units:** _____

RECORD INFORMATION BELOW AS REQUIRED (COMPLETE ALL FIELDS AS NECESSARY):

UNIT NUMBER	COMP TYPE	BLOOD TYPE	EXP. DATE	COMMENTS
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

Packed Date: _____ **Time:** _____ **Shipped Date:** _____

We certify that, while in our possession, the units listed above have been maintained at appropriate temperatures, as shown by temperature records maintained by us at a temperature of:

(check one) 1-6°C 20 – 24°C, while continuously rotated -18°C or colder.

Pre-issue inspection revealed no unit abnormal by color or appearance and no unit beyond expiration date, except as noted. To comply with FDA regulations, this document must be signed by hospital personnel to confirm the above statement. ***Credit CANNOT be issued for these units if this document is not completed and signed by hospital personnel. Please refer to return policy in Service Made Simple Manual for additional information.**

***Hospital Tech Signature:** _____ **Date:** _____

TBC USE ONLY:

Receipt Date/ Time _____ / _____

Temperature _____ **Initials** _____

Return # _____