



Kansas City, MO Distribution Center

Phone: 1-800-660-5115

Fax: 816-277-0789

DISTRIBUTION DEPARTMENT

RETURNED OR TRANSFERRED BLOOD PRODUCTS

From <i>(hospital name, no initials):</i>
To <i>(CBC or hospital name):</i>

Credit can only be issued if documentation is accurate and complete.

Complete Unit #	Blood Type	Product Code (E code)	Bag #	Expiration	Comment
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
Date Packed ____ / ____ / ____		I certify that the blood products listed above, unless otherwise specified, have been stored in accordance with FDA regulations, have not been out of control of the hospital blood bank, and were inspected and appear normal before shipment. Signature: _____			

FOR CBC USE ONLY				
Packaging Conditions	Visual Inspection Initial Below	Reconcile Form and Shipment Initial Below	Computer Transfer Initial Below	Number of Products Transferred
<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable (Explain below)	/	/		