



HOSPITAL: _____

DATE RETURNED/TRANSFERRED: _____

COMPONENT IDENTIFIERS			MODIFIERS			REASONS					COMMENTS	
UNIT NUMBER	ABO AND RH TYPE	PRODUCT CODE	FREEZE RBCS	WASH	IRRADIATE	TRANSFER ¹	IN-DATE USABLE	UNSUITABLE UNIT ²	CBC REQUESTED	BLOOD TYPE DISCREPANCY		OTHER
												1. Transfer Hospital 2. Record a Reason for Return: i.e.: - Positive DAT - Clotted - Typing Discrepancy - Broken Bag - Abnormal appearance

I certify that all blood products being returned or transferred have been stored according to AABB Standards. Any product stored inappropriately has been properly identified, quarantined, reported to Community Blood Center or discarded. All products have been visually inspected and are acceptable.

Signature _____ Date _____

Packaging Acceptability By/Date: _____ / _____

CBC Hospital Services Computer Entry By/Date: _____ CBC Review By/Date: _____