

HOSPITAL: \_\_\_\_\_

DATE RETURNED/TRANSFERRED: \_\_\_\_\_

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