

Return Form for Blood Products

BBH USE ONLY
Received by: _____ Initials/Date/Time
Received per SOP: <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, Receiving Temperature: _____

HOSPITAL _____

Unit Number	LRBC	LRBC <10 days	FFP	CRYO	LPHER	LPHER <24 HOURS	Outdated	Discard	ABO/Rh
1									
2									
3									
4									
5									
6									
7									
8									

COMMENTS: _____

I certify that: If packed red blood cells, or whole blood units were returned, they were stored continuously at 1-6°C at this hospital; and/or if any indicated FFP, or cryoprecipitated AHF were returned, they were stored continuously at -18° C or colder. If apheresis platelets were returned, they were continuously rotated and stored at 20-24° C at this hospital.

- NOTE:**
1. If "Hospital-Tech Initials/Date" is not completed, units will not be accepted for return.
 2. If units were not stored at the acceptable temperature, the unit **MUST** be labeled "**NOT FOR DISTRIBUTION**"
 3. For return for credit other than to rotate stock, please write reason in comments area.

Hospital Tech Initials/Date: _____

Reviewed by BBH Staff: _____