Hoxworth Blood Center 3130 Highland Avenue Cincinnati, OH 45267-0055	Completed	
	Document #:	**PM-510-FORM**
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	Revision:	2
	Inter-Hospital Transfer of Blood Products Form	

SHIPPING HOSPITAL INSTRUCTIONS:

- Record the Date and Time of Shipment; Hospital and the initials of the Tech processing the order.
- Record the Unit number, product E code, ABO/Rh and Expiration date of each component in the shipment.
- Send this sheet with the components to the Receiving Hospital.

Date and Time _____

Shipping Hospital _____Tech _____

Products Transferred:

	Unit Number	Product E Code	ABO/Rh	Expiration Date

1. _____

2. _____

3. _____

4. _____

RECEIVING HOSPITAL INSTRUCTIONS:

- Record the Date and Time the Shipment was received, Hospital and the signature of the tech receiving the shipment.
- Record the temperature of the products, the Visual Inspection and indicate if the products are Acceptable or Unacceptable for use
- Fax this form to Hoxworth Product Management (513) 558-1534

Date and Time _____

Receiving Hospital _____Tech Signature _____

Temperature of Units _____ = Acceptable   Unacceptable   (circle applicable response)

Visual Inspection =   Acceptable   Unacceptable   (circle applicable response)

Please provide the reason if the products are found Unacceptable.

_____

_____

Fax completed form to Hoxworth Product Management at (513) 558-1534