

Inter-Hospital Transfer of Blood Products Form

SHIPPING HOSPITAL INSTRUCTIONS:

- Record the Hospital, initials of the Tech processing the shipment, Date and Time of Shipment;
- Record the Unit number (DIN), product Ecode, ABO/Rh and Expiration date of each component in the shipment.
- Email this form to the Receiving Hospital.

Shipping Hospital _____ Tech _____ Date _____ Time _____

Products Transferred:

1. DIN _____ Ecode _____ ABO/Rh _____ Expiration Date _____
2. DIN _____ Ecode _____ ABO/Rh _____ Expiration Date _____
3. DIN _____ Ecode _____ ABO/Rh _____ Expiration Date _____
4. DIN _____ Ecode _____ ABO/Rh _____ Expiration Date _____

RECEIVING HOSPITAL INSTRUCTIONS:

- Record the Date and Time the Shipment was received, Hospital and the signature of the tech receiving the shipment.

Date _____ Time _____

Receiving Hospital _____ Tech Signature _____

By requesting that a product be returned or transferred for reissue, you (the customer) certify all blood products returned are in compliance with AABB Standard 5.24.

- The container closure has not been disturbed.
- The appropriate temperature has been maintained.
- For RBC components, at least 1 sealed segment of integral donor tubing has remained attached to the container.
- Hospital transfusion services have inspected blood products returned to the transfusion service for acceptability.

Please provide the reason if the products are found Unacceptable.

Email completed form to Hoxworth Product Management: hoxprdmgmt@ucmail.uc.edu with subject line "Hospital Transfer Units"