### COMPONENT RETURN FORM

Date
Hospital

I certify all units were continuously stored and monitored within the appropriate temperature range at our facility.

**Problem Components**

<table>
<thead>
<tr>
<th>UNIT#</th>
<th>EXP. DATE</th>
<th>COMP</th>
<th>REASON</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Reason:**

A. Wrong Exp Date
B. Type Discrepancy
C. Wrong Unit Number
D. Wrong Component Label
E. Positive DAT
F. Broken/Hole in Tubing
G. Clotted Lot#
H. No Segments
I. Hoxworth Request
J. Other

**Hospital (yellow)     Hoxworth (white)**