



**DISTRIBUTION DEPARTMENT**

**UNSUITABLE BLOOD PRODUCTS**

<b>From</b> <i>(hospital name, no initials):</i>
<b>To:</b> Community Blood Center

**UNSUITABLE PRODUCTS**

Credit can only be issued if documentation is accurate and complete.

Complete Unit #	Blood Type	Product Code (E code)	Bag #	Expiration	Describe Problem
1					
2					
3					
4					
<b>Date Packed</b> ____ / ____ / ____		I certify that the blood products listed above, unless otherwise specified, have been stored in accordance with FDA regulations, have not been out of control of the hospital blood bank, and were inspected and appear normal before shipment.  <b>Signature:</b>			

**DESTROYED AT HOSPITAL**

Credit can only be issued if documentation is accurate and complete.

Complete Unit #	Blood Type	Product Code (E code)	Bag #	Expiration	Reason for Destroy
1					
2					
3					
4					
5					
6					
<b>Date:</b> ____ / ____ / ____			<b>Signature:</b>		

**FOR CBC USE ONLY**

Packaging Conditions	Visual Inspection Initial Below	Reconcile Form and Shipment Initial Below	Computer Transfer Initial Below	Number of Products Transferred
<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable (Explain below)	/	/		
<b>Quarantine Verified By:</b>		<b>Comment:</b>		