

**DISTRIBUTION DEPARTMENT**

**UNSUITABLE BLOOD PRODUCTS**

Kansas City, MO Distribution Center Phone: 1-800-660-5115 Fax: 816-277-0789

|  |
| --- |
| **From *(hospital name, no initials)*:** |
| **To: 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 |  |  |  |  |  |
| **Date Packed****\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_** | 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.**Signature:** |

**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 |  |  |  |  |  |
| **Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_** | **Signature:** |

|  |
| --- |
| **FOR CBC USE ONLY** |
| **Packaging Conditions** **Acceptable** **Unacceptable****(Explain below)** | **Visual Inspection****Initial Below** | **Reconcile Form and Shipment****Initial Below** | **Computer Transfer****Initial Below** | **Number of Products Transferred** |
| **/** | **/** |  |  |
| **Quarantine Verified By:** | **Comment:** |