From: ____________________________  To: ____________________________

Instructions:

**Transferring hospital**: Document sending and receiving hospitals. Enter unit #, product code, blood type and expiration date in spaces provided. In designated area document staff inspecting and packing product, date and time product was packed. Send this form with product to receiving hospital. 

**Receiving hospital**: fill in receiving hospital section below and fax this completed form to MVRBC IMD.

<table>
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<tr>
<th>Unit #</th>
<th>Product code</th>
<th>ABO &amp; Rh</th>
<th>Expiration Date</th>
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Comments:
________________________________________________________
________________________________________________________

The blood component container has a tamper-proof seal when originally issued and this seal remains unbroken. An original segment is properly attached and has not been removed. A minimum of two (2) segments is required for return of LRBCs to the blood center. Products have been stored continuously within the temperature range indicated on the component label.

Inspected and Packed By: ____________________________ Date: __________ Time Packed: __________

MILITARY TIME

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**For Receiving Hospital Use Only**:
Temp: __________
Tech: __________
Date: __________  Time: __________

Military Time

REISSUING EVALUATION BY HOSPITAL UPON RECEIPT
☐ Acceptable  ☐ Unacceptable

*If unacceptable-Notify MVRBC

**Fax this form to IMD**: 

Davenport- 563-823-4149
Springfield- 217-753-0689
St. Louis - 314-291-4746
Urbana- 217-367-9440
Ottumwa- 641-682-9783

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MVRBC USE ONLY
LTE Entry by: __________ Date: __________