

MANUAL BILLING

Beginning of Form

From:	Ship To:	Invoice # _____
		Charge

Unit Number	Product Code	Expiration Date	ABO & Rh	Special Requests
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Comments:

I certify that the blood component in this shipment while in the possession of this establishment has been stored continuously within temperature range indicated on the component label. Visual inspection shows no abnormal color or appearance.

Inspected and Packed By: _____ Date: _____ Time Packed: _____
MILITARY TIME

Carrier: _____

End of Form