

CERTIFICATION FOR RETURNED PRODUCTS

Beginning of Form

HOSPITAL NAME: _____

| Unit Number | Product Code | ABO & Rh | MVRBC Use Only - Reissuing Evaluation | |
|-------------|--------------|----------|---------------------------------------|-----|
| | | | Acceptable Upon Return | |
| | | | Yes | No* |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

* If unacceptable notify hospital: Tech: _____ Date/Time: _____ @ _____ Caller: _____

Requirements for Return of Products:

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

CERTIFICATION: THE ABOVE CONDITIONS HAVE BEEN MET AND THE UNIT(S) RETURNED FOR REISSUE.

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

MVRBC Use Only -

Received By: _____
Date: _____ Time: _____

End of Form