HOSPITAL NAME: _______________________________

<table>
<thead>
<tr>
<th>Unit Number</th>
<th>Product Code</th>
<th>ABO &amp; Rh</th>
<th>MVRBC Use Only - Reissuing Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Acceptable Upon Return</td>
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<td>Yes</td>
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</tbody>
</table>

* 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: __________

MVRBC Use Only -
Received By: __________________________________________
Date: ___________ Time: __________

End of Form