

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 ImpactLife IMD.

Unit # (include check digit)	Product code	ABO & Rh	Expiration Date

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

For Receiving Hospital Use Only:

Temp: _____
 Tech: _____
 Date: _____ Time: _____
Military Time

REISSUING EVALUATION BY HOSPITAL UPON RECEIPT

Acceptable Unacceptable
 *If unacceptable-Notify ImpactLife

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

ImpactLife USE ONLY	Date:
LTE Entry by:	