Community Blood Center
Community Tissue Services®

HS-300-F-01
Product Return/Transfer Report

HOSPITAL: _____

DATE RETURNED/TRANSFERRED: _____

COMPONENT IDENTIFIERS			MODIFY						REASONS						COMMENTS
UNIT NUMBER	ABO AND RH TYPE	PRODUCT CODE	CONCENTRATE[1]	FREEZE RBCS	WASH	IRRADIATE	POOL	FILTER	TRANSFER[2]	IN-DATE USABLE	UNSUITABLE UNIT[3]	CBC REQUESTED	BLOOD TYPE DISCREPANCY	OTHER	1. Record Concentrate Volume 2. Transfer Hospital 3. Record a Reason for Return: i.e.: - Positive DAT - Clotted -Typing Discrepancy - Broken Bag - Abnormal appearance

I certify that all blood products being returned or transferred have been stored according to AABB Standards. Any product stored inappropriately has been properly identified, quarantined, reported to Community Blood Center or discarded. All products have been visually inspected and are acceptable

Signature Date

Packaging Acceptability By/Date: /

CBC HOSPITAL SERVICES: Computer Entry By/Date: / CBC Review By/Date: /