Community Blood Center
Community Tissue Services®

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

HOSPITAL: _____

DATE RETURNED/TRANSFERRED: _____

COMPONENT IDENTIFIERS			MODIFIERS			REASONS						COMMENTS
UNIT NUMBER	ABO AND RH TYPE	PRODUCT CODE	FREEZE RBCS	WASH	IRRADIATE	TRANSFER[1]	IN-DATE USABLE	UNSUITABLE UNIT[2]	CBC REQUESTED	BLOOD TYPE DISCREPANCY	OTHER	1. Transfer Hospital 2. 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: /