

# PRODUCT RETURN/TRANSFER RECORD

Returning facility: \_\_\_\_\_ Date: \_\_\_\_\_

Receiving facility: FBC Other: \_\_\_\_\_

I certify that the following:

- Red Blood Cells have been continuously refrigerated (1-6°C)
- Platelets have been continuously rotated and stored at room temperature (20-24°C)
- Frozen products have been continuously stored in a frozen state (-18°C or colder)

Visual Inspection circle one: Satisfactory      Unsatisfactory      Initials /Date: \_\_\_\_\_

Reasons for Return
1.Short Date
2.Breakage
3.Expired
4.Positive Direct Coombs
5.Other, please specify
6. Request by FBC

Returning/Transferring Facility					FBC Use
Item	Unit Number	Product	Expiration Date	Reason for Return	Credit Issued (X)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

FOR RECEIVING FACILITY USE: TEMPERATURE VERIFICATION AND VISUAL INSPECTION

DATE	Visual Inspection	TEMPERATURE UPON ARRIVAL (°C)	Received by:
	Circle: Satisfactory/Unsatisfactory		