

BLOOD STORAGE UNIT FAILURE TEMPERATURE DOCUMENTATION

FAX DAILY TO MEDIC.
(865) 521-2647

Hospital Transfusion Service: _____

In the event of an equipment failure requiring blood to be moved to alternate/temporary storage, first fill out MEDIC form **TSI3.B** (Equipment Failure/Malfunction Report) completely to document the equipment failure and notify MEDIC immediately, following the instructions on the form.

If blood is not stored in an approved blood storage unit, the temperature must be monitored and recorded frequently. Determine frequency based on the reliability of the alternate storage unit, but MEDIC recommends no less frequently than every 2 hours. If the alternate storage has been validated to maintain proper temperature for a longer period, a maximum interval of recording temperature every 4 hours could be used.

Date:				Date:		
Time	Temp	Tech		Time	Temp	Tech

Comments: _____

MEDIC Hospital Services staff:

Forward for prompt review. MEDIC will not receive returns from this facility without approval from Quality.

MEDIC Supervisory Review By: _____ Date: _____

MEDIC Quality Review By: _____ Date: _____