Regional Blood Center
1601 Ailor Avenue
Knoxville, TN 37921

BLOOD TRANSFER MEMO

TRANSFERRED FROM	SHIPMENT	TIME SHIPPED A.M. P.M.	DATE	SHIPPED VIA	INSPECTED BY:
TRANSFERRED TO	RECEIVED	TIME BLOOD RECEIVED A.M. P.M.	DATE	TEMP. ON RECEIPT	INSPECTED BY:

Complete by Shipping Blood Bank or attach printout of unit numbers

NO.	UNIT NUMBER	ABO/Rh	PRODUCT CODE/CATEGORY	ACCEPTABLE FOR REISSUE		Receiving B.B. ACCEPTABLE FOR REISSUE	
				YES	NO	YES	NO
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							

Inspected	
By	Date

THE PRODUCTS INDICATED ACCEPTABLE FOR REISSUE HAVE BEEN STORED AND SHIPPED AT ACCEPTABLE TEMPERATURES, THE CONTAINERS HAVE NOT BEEN COMPROMISED AND AT LEAST 2 SEALED SEGMENTS REMAIN ATTACHED FOR RBCs. ACCEPTABLE TEMPERATURE RANGES:

Product Category	Storage Range	Shipping Range
Red Blood Cells	1 - 6° C	1 - 10° C
Platelets	20 - 24° C	20 - 24° C
Frozen products	-18° C or colder	maintain frozen state

To be completed by MEDIC	
HS:	Date:
Quality:	Date:

SIGNATURE _____ DATE _____

----------Below this line for MEDIC USE ONLY----------

(For shipments made during EDD Downtime) Requested Urgency (✓): Routine _____ ASAP _____ Stat _____