Appendix 4: Transfer Procedure Checklist

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| **Procedure** | **Attended** |
| 1. Routine check for products close to expiry.
 | □ |
| 1. Identify and contact possible receiving health provider/s to negotiate transfer of close to expiry product.
 | □ |
| 1. Record blood or blood product transfer in BloodNet. Print transfer record and include with the product.
 | □ |
| 1. Record transfer information on Blood and Blood Product Transfer Form\*\*

\*\* only if BloodNet is not available | □ |
| 1. Record blood or blood product transfer in the Laboratory Information System (LIS)\*.

\*If your LIS is interfaced with BloodNet then record entry is not required in BloodNet. | □ |
| 1. Inspection of blood and blood product for abnormal appearance, package integrity, leakage and expiry date.
 | □ |
| 1. Check blood or blood product is packed according to MOU agreement, include date and time packed on transfer form.
 | □ |
| 1. Copy of the Blood Fridge Maintenance Record form or temperature graph included as per MOU (to be sent when required/requested).
 | □ |
| 1. Transport shipper labelled.
 | □ |
| 1. Notify recipient health provider by telephone or email of impending delivery.
 | □ |

Checklist completed by:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and Time: \_\_/\_\_/\_\_\_\_