

Appendix 4: Transfer Procedure Checklist

Procedure	Attended
1. Routine check for products close to expiry.	<input type="checkbox"/>
2. Identify and contact possible receiving health provider/s to negotiate transfer of close to expiry product.	<input type="checkbox"/>
3. Record blood or blood product transfer in BloodNet. Print transfer record and include with the product.	<input type="checkbox"/>
4. Record transfer information on Blood and Blood Product Transfer Form** ** only if BloodNet is not available	<input type="checkbox"/>
5. 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.	<input type="checkbox"/>
5. Inspection of blood and blood product for abnormal appearance, package integrity, leakage and expiry date.	<input type="checkbox"/>
6. Check blood or blood product is packed according to MOU agreement, include date and time packed on transfer form.	<input type="checkbox"/>
7. Copy of the Blood Fridge Maintenance Record form or temperature graph included as per MOU (to be sent when required/requested).	<input type="checkbox"/>
8. Transport shipper labelled.	<input type="checkbox"/>
9. Notify recipient health provider by telephone or email of impending delivery.	<input type="checkbox"/>

Checklist completed by:

Name: _____ Signature: _____

Date and Time: __/__/____