|  |
| --- |
| Appendix 6: Blood and Blood Product Transfer FormFor facilities without BloodNet access only |
| **From:** | **Contact phone:** |
| **To:** | **Date:** | **Time:** |
| Donation Number (if applicable) | Blood Group(if applicable) | **Comments** *(These include any temperature or storage non-compliance issues eg outside the 30 minute rule, problems with the blood fridge, any physical damage to the unit)* |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **STORAGE CONFIRMATION** (COMPULSORY)Indicate the following checks have occurred by ticking the appropriate box. Red Blood Cell Units:❑**Check the Blood Fridge Register to ensure each red cell unit being transferred has been stored appropriately:*** red cell units have not been removed from the blood fridge longer than 30 minutes at any given time

❑**Check the Blood Fridge Maintenance Record to ensure compliance of storage criteria:*** blood fridge temperature has remained stable within 2˚ - 6˚C degrees during the storage period
* that the temperature recorded is complete with no missing data

Other Blood Products:❑**Check that other blood and blood product have been stored as per manufacturer’s temperature specifications****If there are any problems with handling and storage of any of these blood or blood products:*** these MUST be documented in the above comments section next to the appropriate blood or blood product
* contact the laboratory and inform them of the details

I declare to the best of my knowledge, the above information regarding the handling and storage of the blood and blood product listed above is correct. Name: Signature: Position:  |
| **RECEIVING LABORATORY USE ONLY** |
| ❑ Temperature check on receipt: \_\_\_\_\_\_\_\_\_ °C  | Passed ❑ | Failed ❑ |
| ❑ The above documentation has been completed verifying correct handling and storage of blood and blood products [boxes ticked, signature present]  | Passed ❑ | Failed ❑ |
| ❑ Tamper-proof port is intact and no blood is present in the port, for red cells only | Passed ❑ | Failed ❑ |
| ❑ The blood and blood product is intact, not discoloured or has unusual particulate matter [check against other units if necessary]  | Passed ❑ | Failed ❑ |
| ❑ Only blood and blood product stored conforming to AS3864 and manufacturer’s temperature specifications have been accepted back into inventory | Passed ❑ | Failed ❑ |
| ❑ Blood and blood products that are not compliant are to be destroyed via medical waste and recorded in LIS and BLOODNET, where available and appropriate  | Passed ❑ | Failed ❑ |
| Checked by: | Signature:  | Date: | Time: |