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| Appendix 6: Blood and Blood Product Transfer Form  For 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)* | | | | | | |
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| **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: | |