

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 <i>(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)</i> | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| STORAGE CONFIRMATION (COMPULSORY) | | | |
| Indicate the following checks have occurred by ticking the appropriate box. | | | |
| Red Blood Cell Units: | | | |
| <input type="checkbox"/> Check the Blood Fridge Register to ensure each red cell unit being transferred has been stored appropriately: <ul style="list-style-type: none"> red cell units have not been removed from the blood fridge longer than 30 minutes at any given time | | | |
| <input type="checkbox"/> Check the Blood Fridge Maintenance Record to ensure compliance of storage criteria: <ul style="list-style-type: none"> 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: | | | |
| <input type="checkbox"/> 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: <ul style="list-style-type: none"> 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 | | | |
| <input type="checkbox"/> Temperature check on receipt: _____ °C | | Passed <input type="checkbox"/> | Failed <input type="checkbox"/> |
| <input type="checkbox"/> The above documentation has been completed verifying correct handling and storage of blood and blood products [boxes ticked, signature present] | | Passed <input type="checkbox"/> | Failed <input type="checkbox"/> |
| <input type="checkbox"/> Tamper-proof port is intact and no blood is present in the port, for red cells only | | Passed <input type="checkbox"/> | Failed <input type="checkbox"/> |
| <input type="checkbox"/> The blood and blood product is intact, not discoloured or has unusual particulate matter [check against other units if necessary] | | Passed <input type="checkbox"/> | Failed <input type="checkbox"/> |
| <input type="checkbox"/> Only blood and blood product stored conforming to AS3864 and manufacturer's temperature specifications have been accepted back into inventory | | Passed <input type="checkbox"/> | Failed <input type="checkbox"/> |
| <input type="checkbox"/> 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 <input type="checkbox"/> | Failed <input type="checkbox"/> |
| Checked by: | Signature: | Date: | Time: |