|  |  |  |
| --- | --- | --- |
| Appendix 7: Shipper Packing Slip/ Blood Consignment Record | <Insert logo or hospital name here> | Consignment Number: …………………………. |
| **To:** | **From:** |
|  |  |
| **SENDER TO COMPLETE** |
| No. of Shippers: | Blood Product: | Qty: |
| Patient Name: | Packed Date: Time: |
| Sent via: | YOUR Lab courier 🞏 Taxi 🞏 Bus 🞏 Airline 🞏 Other Courier 🞏Details: |
| Other Courier Company Name: |
| I have packed this consignment in accordance with the packing configuration: |
| Signature: | Dispatched Date: Time: |
| **RECIPIENT TO COMPLETE *Please return completed form to Sender*** |
| No. of shippers received:  | Shipment received unopened and undamaged?  YES 🞏 NO 🞏 |
| For products listed belowIs the temperature within the acceptable range? YES 🞏 NO 🞏***If product is outside specified temperature range, contact sender immediately for advice***. |
| Received  | Date: | Time:  |
| Unpacked  | Date: | Time: |
| Signature: | Date: |
|  **WARNING****DO NOT USE products if:****The shipper arrives open****The product is outside the specified temperature range** | **ACCEPTABLE TEMPERATURE RANGE****Red cells……………..………. 2°C to 10°C****Autologous Blood ………. 2°C to 10°C****Platelets…………………..…. 20°C to 24°C****Manufactured products as per Product Information** |
| *Laboratory Notes* |