Appendix 8: Shipper Label

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| **DELIVER IMMEDIATELY**  **HUMAN BLOOD PRODUCTS**  **FOR TRANSFUSION**  **Do Not Refrigerate This Shipper** |  | **Deliver To:**  Attention to: [Insert Name and Position]  [Insert name of Transfusion Laboratory]  [Insert location/building name]  [Insert name of Hospital][Insert address]  [Insert Phone Number]  [Insert Fax Number] |
|  |
| CONTENTS  🖵 Autologous Blood  🖵 Red Cells  🖵 Platelets  🖵 Thawed FFP  🖵 Frozen Plasma Components  🖵 Clotting Factors  🖵 Immunoglobulins  🖵 Albumin  Packed Time: Valid to Time:  Packed Date:  Despatch Date: Time:  Signed: |  | **Delivered From:**  [Insert Name and Position]  [Insert Hospital Name]  [Insert Address]  [Insert Phone Number]  [Insert Fax Number] |