

# Appendix 8: Shipper Label

**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]