



BLOOD REFRIGERATOR TEMPERATURE RECORD CHART – COPY TO PARTNERING TRANSFUSION SERVICE LABORATORY FORM

TEMPLATE FORM – FOR USE BY ANY HOSPITAL

Hospital:		Contact Phone:
Copy Sent to	Lab Name: Address: Tel No.:	Date/Time Sent:
		Fax No.:
Sent By		
Name:	Signature:	Position:
<p>Position completed Blood Refrigerator Temperature Chart in this space and photocopy Sent copy to your partnering Transfusion Service Laboratory for checking. Archive copy with Blood Refrigerator records. Must be retained for possible future audit. Chart must be labelled with Hospital name, start and finish date and name of person(s) handling</p>		

TRANSFUSION SERVICE LABORATORY USE ONLY		
Temperature chart check	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>
Store this hospital blood refrigerator temperature chart record sheet appropriately. NATA may require viewing for audit.		
Checked by:.....	Signature:	Date: Time: