



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

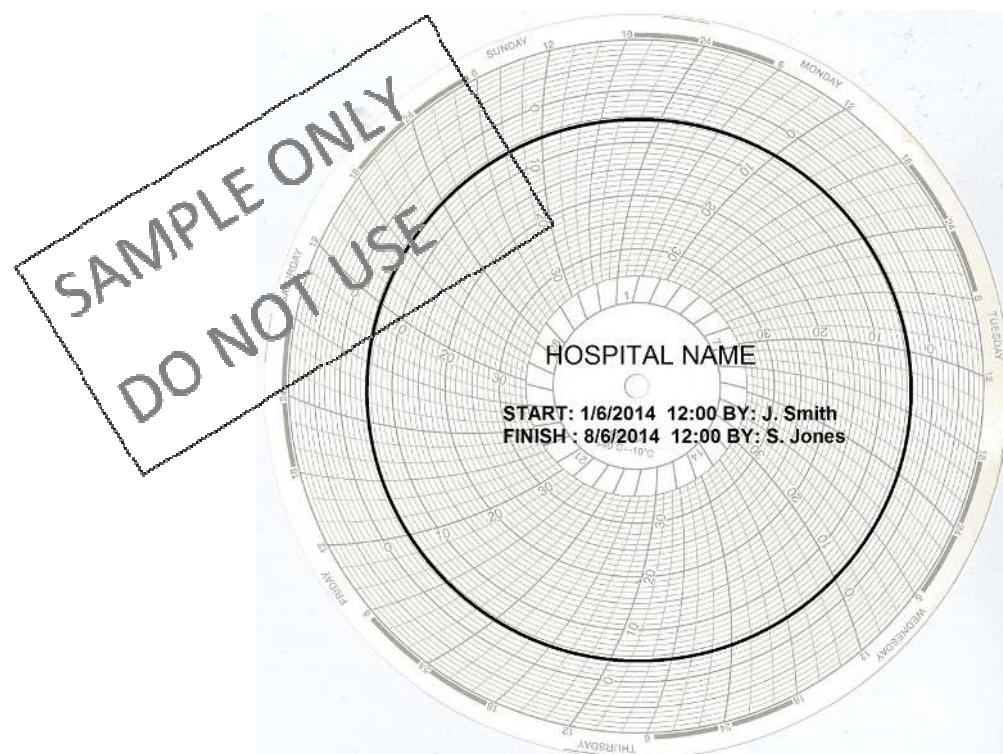
TEMPLATE FORM – FOR USE BY ANY HOSPITAL

Hospital: <i>Moonaree Hospital</i>	Contact <i>Joan Smith</i> Phone: <i>08 12121212</i>
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Copy Sent to	Lab Name: Sample Laboratory Name Address: Sample Laboratory Address (please via Lab Courier) Tel No.: 08 321321321 Fax No.: 08 321321398	Date/Time Sent: <i>30/07/2014 / 12.30pm</i>
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Sent By	Name: Joan Smith	Signature: <i>Joan Smith</i>	Position: <i>CSC</i>
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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



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: