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| **Red Cell RETURN FORM**  To be completed by **Insert hospital name** Staff | | |
| **Insert hospital name Contact phone**  Return to: Insert lab name Date of Return: Time:  *Any non compliance of the blood fridge or units contact laboratory on (11) 1111 1111* | | |
| **Red Cell Donation Number** | **Blood Group** | **Comments**  *(These include any temperature or storage non compliance issues eg outside the 30 minute rule, problems with the blood fridge, any physical damage to the unit)* |
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| Indicate the following checks have occurred by ticking the appropriate box.  ❑ **Check the Blood Fridge Register to ensure each red cell unit being returned has been stored appropriately:**   * red cell units have not been removed from the blood fridge longer than 30 minutes at any given time   *Document the units being returned in the register as “Returned” and date this entr*y  ❑ **Check the Blood Fridge Maintenance Record to ensure compliance of storage criteria**:   * blood fridge temperature has remained stable within 20 - 60C degrees during the units storage period * that the temperature recorded is complete with no missing data   *More than one page of the fridge register may need to be viewed if units has been stored across months*  **If there are any problems with handling and storage of any of these red cell units:**   * these MUST be documented in the above comments section next to the appropriate units * contact the laboratory and inform them of the details   Ensure this form is sent with the red cell units being returned to the laboratory.  I declare to the best of my knowledge, the above information regarding the handling and storage of the red cell units listed above is correct.    Name: Signature: Position: | | |

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| **LABORATORY USE ONLY** |
| ❑ Temperature check on receipt: \_\_\_\_\_\_\_\_\_ °C Passed ❑ Failed ❑  ❑ The above documentation has been completed verifying correct handling and storage of red cell units Passed ❑ Failed ❑  [boxes ticked, signature present]  ❑ Tamper-proof port is intact and no blood is present in the port Passed ❑ Failed ❑  ❑ The red cell unit is not discoloured or has unusual particulate matter [check against other units if necessary] Passed ❑ Failed ❑  ❑ Store this copy for three months locally  ❑ Only red cell units stored conforming to AS3864/NATA standards have been accepted for reissue  ❑ Units that are not compliant are to be destroyed via medical waste and recorded in the FATE MODULE of BLOODNET  Checked by: Signature: Date: Time: |