



Center Information:

Transfer Document

Transfer from: _____ To: _____

Account Number: _____ Account Number: _____

Reason for Transfer or Return

- For Transformation
 Stock Exchange
 Short Dated
 Technical Problem
 Transfer Autologous/Directed
 Transfer – Hospital to Hospital
 Other _____

Manual Shipment (Blood Center Division (BCD) Only)

- Computer Down: System Local
 Computer Down: The components in this shipment were distributed due to an urgent medical need during computer downtime. A responsible physician was notified by the transfusion service staff.
 Customer Contact Sheet, BS 5305C completed

					BCD Use Only		
	DIN	Code	Verified Receipt	Comments	WIP or Labeled	ABO/Rh	Exp. Date
1					<input type="checkbox"/> W <input type="checkbox"/> L		
2					<input type="checkbox"/> W <input type="checkbox"/> L		
3					<input type="checkbox"/> W <input type="checkbox"/> L		
4					<input type="checkbox"/> W <input type="checkbox"/> L		
5					<input type="checkbox"/> W <input type="checkbox"/> L		
6					<input type="checkbox"/> W <input type="checkbox"/> L		
7					<input type="checkbox"/> W <input type="checkbox"/> L		
8					<input type="checkbox"/> W <input type="checkbox"/> L		
9					<input type="checkbox"/> W <input type="checkbox"/> L		
10					<input type="checkbox"/> W <input type="checkbox"/> L		

All blood components were stored and handled at our facility in accordance with current regulations. Signature _____	Date	Time	Insp. & Packed by
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Received by: _____	Date: _____	Time: _____	Data Entry: Date/EC
Properly Packaged? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receipt Temperature		Reviewed by: Date/EC