

Product Returns

Customer: _____ Date Completed: _____

	DIN	Product Code	Comments
1			
2			
3			
4			
5			
6			
7			
8			

All blood products 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: _____	HCLL Entry: Date/EC: _____
Properly Packaged? Yes No	Receipt Temp: _____ (Document NA if not required)		Reviewed by: Date/EC: _____