



## Transfusion Report

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### Purpose

The purpose of this SOP is to inform hospitals how to fill out form **LS-FORM-5280, "Transfusion Report Form"**, documenting components transfused.

**Note:** Reports generated by computer system at hospital are also acceptable to provide transfusion information.

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### Hospital Procedure

Step	Action
1	Enter name of hospital on form.
2	Provide date and document who is preparing this form in the section, Hospital Use Only.
3	Document the unit number, product code and check digit, then enter any comments that pertain to each product.
4	Hospital staff will fax completed <b>LS-FORM-5280</b> within 72 hours to LifeServe Blood Center at the appropriate location: <ul style="list-style-type: none"> <li>• Sioux City fax number 1-712-252-1013</li> <li>• Des Moines fax number 1-515-288-4683</li> </ul>

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### Blood Center Procedure

Step	Action
1	Trained Blood Center staff will enter appropriate data for billing purposes.
2	Staff will initial and date <b>LS-FORM-5280</b> in the section, Blood Center Use to indicate that the information has been entered and will file appropriately.

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