

Returning and Transferring Blood Products

Purpose

The purpose of this SOP is to explain the appropriate steps to take when returning blood products to the blood center and/or for transferring blood products to other facilities.

Note: Reports generated by computer system at hospital are also acceptable for documentation of shipping components.

Use of Computer Generated Reports

Reports generated by computer system at hospital are acceptable for documentation of returned components provided the following are defined in the hospital's SOP(s):

- At the time products are returned, staff verify:
 - Unit label has not been defaced
 - Unit seal has not been broken
 - Unit has not been altered
 - For red cell components, two sealed segments of integral donor tubing must remain attached to the container for credit
 - Blood has been inspected and meets visual inspection for reissue
- During storage, the appropriate storage temperature has been maintained
- Staff performing the verification documents that products are acceptable for reissue.

If	Then
Staff performing verification sign off in the hospital's computer system that products are acceptable for reissue	Staff are not required to initial and date the computer print out.
Staff performing verification do not sign off in the hospital's computer system for products	Staff must initial and date the computer printout

 The hospital procedure must state which sign off in the computer indicates the acceptability and what the acceptability is.

Procedure (Returns)

Options for documentation of product returns are:

- Online Ordering System
- A computer printout of returned products (see page 1 for details)
- Returned Units / Transfer Units Form, LS-FORM-5819

If completing LS-FORM-5819, "Returned Units / Transfer Units Form" for returning units to LifeServe Blood Center, follow these instructions to complete the form.

Step	Action	
1	Originating customer will fill out the left side of the form with the information for: • Date shipping • Name of customer • Signature of trained staff shipping the products NOTE: Signing the Staff Name Shipping field is an acknowledgement that trained hospital staff have signed that the conditions have been met to return the products for credit and reissue.	
2	Enter all of the products that are being returned with unit number, product code number, OK to reissue or Not OK to reissue and any notes or comments. Note: If Not OK is checked, a comment is required.	
3	Submit form to LifeServe Blood Center with product(s) being returned.	

Procedure (Transfers)

Options for documentation of product transfers are:

- Online Ordering System
- A computer printout of transferred products (see page 1 for details)
- Returned Units / Transfer Units Form, LS-FORM-5819

Prepare LS-FORM-5819, "Returned Units / Transfer Units Form" for hospital to hospital blood product transfers.

Step	Action	
1	Originating customer indicates on the left side of the form the shipping information, including: • Date shipped • Customer name • Initials of trained staff shipping the products	
2	Originating customer will list all units on the form, including the unit number, product code and blood type.	
	Receiving customer will fill out the right side of the form with the information for:	
3	The are	
	Using a container from LifeServe Blood Center AND packing it according to procedure and job aids provided by LS Using a container not provided by LS	 Then Staff are not required to determine the temperature of products when receiving a transfer. Staff MUST determine the temperature of products when receiving the transfer. Document on Return Form.

Procedure (Transfers) (continued)

- 4 Upon receipt at the receiving location, the receiving trained staff will inspect the units for the following:
 - Unit label has not been defaced
 - Unit seal has not been broken
 - Unit has not been altered
 - Unit has been maintained at the appropriate temperature

If	Then
If these conditions have	The signature of the
been met and the unit is accepted into the receiving facilities' inventory	receiving trained staff will be proof that the inspection was completed and is acceptable.

Receiving location will fax **LS-FORM-5819** to the appropriate Product Management location and will file the original form appropriately.

Des Moines fax: 515-288-4683
Sioux City fax: 712-293-1418
Mason City fax: 641-424-4190
Waterloo fax: 319-433-0464