



## Returned Units / Transfer Units Form

**Units are allowable for return for credit and reissue if:**

- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. The Unit Label has not been defaced.</li> <li>2. The Unit Seal has not been broken.</li> </ol> | <ol style="list-style-type: none"> <li>3. The Unit has not been altered.</li> <li>4. The Unit has been maintained at appropriate temperature.</li> </ol> |
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**SHIPPING LOCATION**

Date shipped/Time: \_\_\_\_\_

Hospital shipping: \_\_\_\_\_

Staff name shipping: \_\_\_\_\_

**CERTIFICATION: The above conditions are met and the unit is returned for credit and reissue.**

**RECEIVING LOCATION**

Date received/Time: \_\_\_\_\_

Receiving Facility: \_\_\_\_\_

Staff name receiving: \_\_\_\_\_

Temperature at time of receipt: \_\_\_\_\_  
*Complete if not using a LS box **or** if box is not packed correctly.*

	Unit Number (including Check Digit)	Product Code Number	Blood Type	✓ If OK to Reissue (Returns)	✓ If Not OK to Reissue (Returns)	Notes / Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						