



Miscellaneous Charges/Credits

Customer (document full facility name): _____

Check One:

Charge: _____ **Credit:** _____

Date	Product E-Code	Quantity	Description (check one)	Unit #
			<input type="checkbox"/> CMV <input type="checkbox"/> Irradiation <input type="checkbox"/> Other: (explain)	
			<input type="checkbox"/> CMV <input type="checkbox"/> Irradiation <input type="checkbox"/> Other: (explain)	
			<input type="checkbox"/> CMV <input type="checkbox"/> Irradiation <input type="checkbox"/> Other: (explain)	
			<input type="checkbox"/> CMV <input type="checkbox"/> Irradiation <input type="checkbox"/> Other: (explain)	

Reason for Credit or Charge (check one):

Broke in water bath

CMV not ordered

Irradiation not ordered

other (explain): _____

Hospital Staff ID/Date: _____

E-mail form to: is_department@lifeservebloodcenter.org

Or

Fax to: 1.515.309.4976