



Return / Transfer Document

From: _____ To: _____

REASON FOR RETURN OR TRANSFER

- Broken Bag Transfer to Alt. Facility Rotation Unit Short Dated
- For irradiation Recall Other: _____

	Unit Number	Product Code	Comments	Discarded at Facility?
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No
6.				<input type="checkbox"/> Yes <input type="checkbox"/> No
7.				<input type="checkbox"/> Yes <input type="checkbox"/> No
8.				<input type="checkbox"/> Yes <input type="checkbox"/> No
9.				<input type="checkbox"/> Yes <input type="checkbox"/> No
10.				<input type="checkbox"/> Yes <input type="checkbox"/> No

All blood components were stored and handled at our facility in accordance with current regulations.

Signature: _____ Date: _____

VITALANT USE ONLY

Inspected and Packed by: _____ Date: _____ Time: _____

Received by: _____ Date: _____ Time: _____ Receipt Temperature: _____