

MEMORANDUM FOR RETURN OF BLOOD PRODUCTS

Please use separate return for quarantines and different component product types

Facility: _____ Date: _____

	BLOOD OR COMPONENT NUMBER	COMPONENT	GROUP & RH	EXP. DATE	REASON FOR RETURN
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

HOSPITAL

I certify that the blood products returned to LifeStream have been kept at the appropriate temperature as defined by AABB Standards while at this facility.

 Name: _____ Date/Time: _____
(Please sign name in full)
LIFESTREAM

Picked up and Inspected by: _____ Date/Time Picked up: _____