## MANUAL BILLING Reginning of Form

Beginning of Form					
From:		Invoice # Ship To:			
			Charge	Credit	
<b>Unit Number</b>	Product Code	Expiration Date	ABO & Rh	Special Requests	
1.					
2.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
Comments:					
I certify that the blood component in this shipment while in the possession of this establishment has been stored continuously within temperature range indicated on the component label. Visual inspection shows no abnormal color or appearance.					
Inspected and Packed By:		Date:	Time Packed:		
Carrier:				MILITARY TIME	

End of Form

ImpactLife, Davenport, IA
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