

[A] From: _____ To: _____

Instructions:

- Transferring Hospital:** [A] Document [From] and [To] hospitals above.
 [B] Enter Unit Number, Product Code, Blood Type & Expiration Date in the spaces provided.
 [C] Sign Inspected & Packed by, then record date and time product(s) are packed.
 [D] Enclose this form with transferred blood product(s) to the receiving hospital.

Receiving Hospital: Complete **For Receiving Hospital Use Only** section, then fax to IMD.

[B]	Unit Number/[Check Digit]	Product Code	ABO/Rh	Expiration Date

Comments: _____

The blood component container has a tamper-proof seal when originally issued and this seal remains unbroken. An original segment is properly attached and has not been removed. A minimum of two (2) segments is required for return of LRBCs to the blood center. Products have been stored continuously within the temperature range indicated on the component label.

CERTIFICATION: THE ABOVE CONDITIONS HAVE BEEN MET AND THE UNIT(S) TRANSFERRED FOR REISSUE.

[C] Inspected & Packed By: _____ Date: _____ Time: _____
MILITARY TIME

FOR RECEIVING HOSPITAL USE ONLY:

Temp: _____ REISSUING EVALUATION UPON RECEIPT
 Tech: _____ [] Acceptable
 Date: _____ Time: _____ [] Unacceptable*

*If unacceptable, notify ImpactLife

Fax this form to IMD:

Davenport: 563-823-4149	Peoria: 309-215-9260
Earth City: 314-291-4746	Springfield: 217-753-0689
Madison: 608-590-4076	Urbana: 217-367-9440
Ottumwa: 641-682-9783	

For ImpactLife USE ONLY

BECS Entry By: _____ Date: _____ Time: _____