|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Appendix 7: Shipper Packing Slip/ Blood Consignment Record | | | | | | | <Insert logo or hospital name here> | | | Consignment Number:  …………………………. |
| **To:** | | | | | | | **From:** | | | |
|  | | | | | | |  | | | |
| **SENDER TO COMPLETE** | | | | | | | | | | |
| No. of Shippers: | | Blood Product: | | | | | | | | Qty: |
| Patient Name: | | | | | | | | Packed Date: Time: | | |
| Sent via: | YOUR Lab courier 🞏 Taxi 🞏 Bus 🞏 Airline 🞏 Other Courier 🞏  Details: | | | | | | | | | |
| Other Courier Company Name: | | | | | | | | | | |
| I have packed this consignment in accordance with the packing configuration: | | | | | | | | | | |
| Signature: | | | | | | Dispatched Date: Time: | | | | |
| **RECIPIENT TO COMPLETE *Please return completed form to Sender*** | | | | | | | | | | |
| No. of shippers received: | | | | Shipment received unopened and undamaged?  YES 🞏 NO 🞏 | | | | | | |
| For products listed below  Is the temperature within the acceptable range? YES 🞏 NO 🞏  ***If product is outside specified temperature range, contact sender immediately for advice***. | | | | | | | | | | |
| Received | | | Date: | | | | | | Time: | |
| Unpacked | | | Date: | | | | | | Time: | |
| Signature: | | | | | | | | | Date: | |
| **WARNING**  **DO NOT USE products if:**  **The shipper arrives open**  **The product is outside the specified temperature range** | | | | | **ACCEPTABLE TEMPERATURE RANGE**  **Red cells……………..………. 2°C to 10°C**  **Autologous Blood ………. 2°C to 10°C**  **Platelets…………………..…. 20°C to 24°C**  **Manufactured products as per Product Information** | | | | | |
| *Laboratory Notes* | | | | | | | | | | |