Appendix 8: Shipper Label

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| --- | --- | --- |
| **DELIVER IMMEDIATELY****HUMAN BLOOD PRODUCTS****FOR TRANSFUSION****Do Not Refrigerate This Shipper** |  | **Deliver To:**Attention to: [Insert Name and Position][Insert name of Transfusion Laboratory][Insert location/building name][Insert name of Hospital][Insert address][Insert Phone Number][Insert Fax Number] |
|  |
| CONTENTS🖵 Autologous Blood🖵 Red Cells🖵 Platelets🖵 Thawed FFP🖵 Frozen Plasma Components🖵 Clotting Factors🖵 Immunoglobulins🖵 AlbuminPacked Time: Valid to Time:Packed Date:Despatch Date: Time: Signed: |  | **Delivered From:**[Insert Name and Position][Insert Hospital Name][Insert Address][Insert Phone Number][Insert Fax Number] |