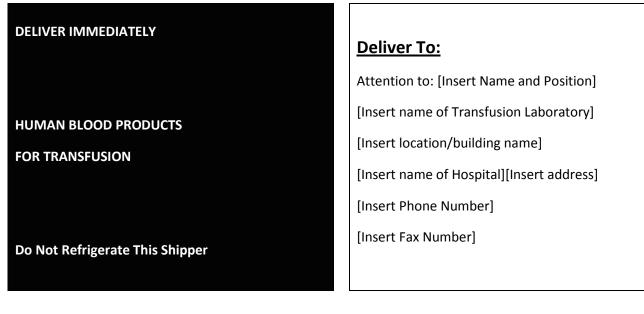
Appendix 8: Shipper Label



CONTENTS	
☐ Autologous Blood	
☐ Red Cells	Delivered From:
□ Platelets	[Insert Name and Position]
☐ Thawed FFP	[Insert Hospital Name]
☐ Frozen Plasma Components	[Insert Address]
☐ Clotting Factors	[Insert Phone Number]
☐ Immunoglobulins	[Insert Fax Number]
☐ Albumin	
Packed Time: Valid to Time:	
Packed Date:	
Despatch Date: Time:	
Signed:	