South Texas Blood & Tissue Center

Hospital Report of Returned Blood/Blood Components

I certify that the blood component(s) listed below, unless otherwise specified, while in the possession of this establishment, have been stored continuously within the temperature range indicated on the component label. Visual inspection shows no abnormal color or appearance, unless otherwise specified.

Hospital: _____ Hospital Representative: _____

HS Driver: _____ Date: _____

	BUI No.	Blood Type	Expiration Date	Product Code	Comments
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

I certify I have inspected the above units IAW SOP HS02.0202, Blood/Blood Components Returned from Hospitals, and deemed acceptable to be placed back into available inventory or re-issued. If not acceptable, document below.

_____

HS Representative: _____ Date: _____

HS03.0202.1 REV:0002 07/20/2009

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