RED CELL RETURN FORM

TO BE COMPLETED BY Insert hospital name STAFF

Insert hospital name Contact phone

Return to: Insert lab name Date of Return: Time:

Any non compliance of the blood fridge or units contact laboratory on (11) 1111 1111

Red Cell Donation Number	Blood Group	Comments *(These include any temperature or storage non compliance issues eg outside the 30 minute rule, problems with the blood fridge, any physical damage to the unit)*
1		
2		
3		
4		
5		
6		

Indicate the following checks have occurred by ticking the appropriate box.

❑ Check the Blood Fridge Register to ensure each red cell unit being returned has been stored appropriately:

- red cell units have not been removed from the blood fridge longer than 30 minutes at any given time

  Document the units being returned in the register as "Returned" and date this entry

❑ Check the Blood Fridge Maintenance Record to ensure compliance of storage criteria:

- blood fridge temperature has remained stable within 2^0 - 6^0C degrees during the units storage period
- that the temperature recorded is complete with no missing data

  More than one page of the fridge register may need to be viewed if units has been stored across months

If there are any problems with handling and storage of any of these red cell units:

- these MUST be documented in the above comments section next to the appropriate units
- contact the laboratory and inform them of the details

Ensure this form is sent with the red cell units being returned to the laboratory.

I declare to the best of my knowledge, the above information regarding the handling and storage of the red cell units listed above is correct.

Name: Signature: Position:

LABORATORY USE ONLY

❑ Temperature check on receipt: _____ °C Passed ❑ Failed ❑
❑ The above documentation has been completed verifying correct handling and storage of red cell units [boxes ticked, signature present] Passed ❑ Failed ❑
❑ Tamper-proof port is intact and no blood is present in the port Passed ❑ Failed ❑
❑ The red cell unit is not discoloured or has unusual particulate matter [check against other units if necessary] Passed ❑ Failed ❑
❑ Store this copy for three months locally
❑ Only red cell units stored conforming to AS3864/NATA standards have been accepted for reissue
❑ Units that are not compliant are to be destroyed via medical waste and recorded in the FATE MODULE of BLOODNET

Checked by: Signature: Date: Time: