



Provincial Blood
Coordinating Program

INTERHOSPITAL TRANSFER FORM

For Use by Newfoundland and Labrador Regional Health Authorities
As part of the Interhospital Transfer Program

SECTION I: CONTENTS: Human Red Blood Cells

Shipment Invoice #: STRH 01-08

To: Hospital <u>Western Memorial Hospital</u>	Shipping Ambient Temp: <input checked="" type="checkbox"/> 4°C or greater <input type="checkbox"/> less than 4°C	RHA: <input type="checkbox"/> Labrador Grenfell <input checked="" type="checkbox"/> Western <input type="checkbox"/> Central <input type="checkbox"/> Eastern
From: Hospital <u>Sir Thomas Roddick</u>	RHA: <input type="checkbox"/> Labrador Grenfell <input checked="" type="checkbox"/> Western <input type="checkbox"/> Central <input type="checkbox"/> Eastern	

Red Blood Cells to be Shipped/ Received:

Source Code	Check Digit	Unit Number	ABO/Rh	Modifiers	Visual Inspection ✓ if OK and Initials R if Rejected and Initials				Total # units shipped
					Issued		Received		
					✓/R	Init	✓/R	Init	
<u>590</u>	<u>2</u>	<u>123456</u>	<u>O Pos</u>	<u>CMV Neg</u>	✓	<u>JD</u>	✓	<u>TT</u>	2
<u>590</u>	<u>0</u>	<u>876543</u>	<u>A Pos</u>	<u>Irrad</u>	✓	<u>JD</u>	✓	<u>TT</u>	

SECTION II:

Packaged By: <u>Jane Doe / Jane Doe</u> Print Name and Signature	Date: <u>2008-06-12</u> <small>yyyy-mm-dd</small> Time: <u>0930</u> <small>hhmm (24 hr clock)</small>	Mode of Transportation <input type="checkbox"/> Air <input checked="" type="checkbox"/> Courier <input type="checkbox"/> Taxi <input type="checkbox"/> Other: _____ <small style="text-align: right;">Specify</small>
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SECTION III: Receipt Information: MUST be completed by receiving Hospital

Initials of Receiver: <u>TT</u>	Date and Time of Receipt: Date: <u>2008-06-12</u> <small>yyyy-mm-dd</small> Time: <u>1300</u> <small>hhmm (24 hr clock)</small>	Security device in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Packaging: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable	Temperature of products on receipt: <u>4.5</u> °C <input checked="" type="checkbox"/> Acceptable <small>(Acceptable temp must be between 1-10 °C)</small> <input type="checkbox"/> Unacceptable	Time in transit: <u>3</u> hr <u>30</u> min
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Additional Comments: _____

Instructions for hospitals:

1. DO NOT use this form if products are transported with a patient for possible transfusion.
2. Complete one form for each shipping container.
3. Copy completed form for internal records management.
4. Send original form with products.
5. All information must be completed for products to be used. Hospital policy will determine disposition of products.