



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 #: _____

To: Hospital	Shipping Ambient Temp: <input type="checkbox"/> 4 ^o C or greater <input type="checkbox"/> less than 4 ^o C	RHA: <input type="checkbox"/> Labrador Grenfell <input type="checkbox"/> Western <input type="checkbox"/> Central <input type="checkbox"/> Eastern
From: Hospital		RHA: <input type="checkbox"/> Labrador Grenfell <input 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	

SECTION II:

Packaged By: _____ Print Name and Signature	Date: _____ yyyy-mm-dd Time: _____ hhmm (24 hr clock)	Mode of Transportation <input type="checkbox"/> Air <input type="checkbox"/> Courier <input type="checkbox"/> Taxi <input type="checkbox"/> Other: _____ Specify
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SECTION III: Receipt Information: MUST be completed by receiving Hospital

Initials of Receiver:	Date and Time of Receipt: Date: _____ yyyy-mm-dd Time: _____ hhmm (24 hr clock)	Security device in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	Packaging: <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable	Temperature of products on receipt: ____ °C <input type="checkbox"/> Acceptable (Acceptable temp must be between 1-10 °C) <input type="checkbox"/> Unacceptable	Time in transit: ____ hr ____ 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.**