Provincial Blood Coordinating Program

Pre-Conditioning Of Shipping Container

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

Hospital Site: _____

Name of Temperature-Monitored Storage Device: _____

Temperature Range of Storage Device _____

Shipping Container ID	Date/Time In yyyy-mm-dd / hhmm	Tech Initials	Date/Time Out yyyy-mm-dd / hhmm	Visual Check of Container OK?	Tech Initials

Reviewed By: _____ Date: _____

Form: IHT-NL 005 Effective Date: 2008-10-01