

TRANSFER/CONSIGNMENT TICKET: F.HS.4918

The Blood Connection

To _____ From _____
(document receiving facility) (document shipping facility)

Inspected and Packed by _____
(Name or tech code)

Date _____ Time _____
(mmddyy) (hhmm)

	Unit Number	ABO	Rh	Expiration Date/Time	Product Code	Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
	Document Unit # AND Check Digit	A.B. AB or O	P or N	mmddyy hhmm	Product Code	

Received by _____ (name or tech code)

Date _____ Time _____
(mmddyy) (hhmm)

Products received properly packaged and maintained at correct temperature? ☐ YES ☐ NO

TBC and Transfusion Facility: Send #1 & #2, Retain #3

(✓ or x)

Transfusion Facility: Return #1 to TBC after completion (applicable for shipments received by Transfusion facility)

TBC N^o 31381

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