



DIAGNOSTIC SERVICES  
OF MANITOBA  
SERVICES DE DIAGNOSTIC  
DU MANITOBA

**Inter-facility Blood, Blood Components and  
Derivatives Transfer**

Document # F160-INV-18A

Version # 01

Approved by:

Effective Date:  
31-MAR-2011

Source Document: 160-INV-18,  
Interfacility Shipping of Blood,  
Components & Derivatives

**Section A: To be completed by Issuing Facility**

Tracking #

From: (Facility)	Phone Number: (204) Fax Number: (204)	Icepack Freezer Storage Temperature  °C
To: (Facility)	<b>Transportation Mode:</b> <input type="checkbox"/> Ambulance <input type="checkbox"/> Lab Truck <input type="checkbox"/> Bus-estimated arrival time _____ <input type="checkbox"/> Driver <input type="checkbox"/> Taxi <input type="checkbox"/> Life Flight Other: _____	<input type="checkbox"/> Verified Transport at Room Temperature

**Reason for Transfer:**

Patient  Stock Derivative  Emergency Stock  Return To CBS  Other

**Patient Information**

Last name	First name	PHIN
Date of Birth DD/MMM/YYYY	Chart/Medical Record Number	ABO/Rh

**Blood, Blood Components**

Component (Product Type) ** Key on Reverse	Component (Product) Code	Donor Unit #	ABO/ Rh	Expiry Date	Disposition Information			Confirmed Hospital Storage (Initial) *See Reverse
					Date/time Transfused	Discarded Date	Returned Date	

**Derivatives**

Product Brand name **Key on Reverse	Vial Size (ml, ug, etc.)	Lot Number	# Vials	Expiry Date	Disposition Information			Confirmed Hospital Storage (Initial) ***See reverse
					Date/Time Transfused	Discarded Date	Returned Date	

Visually inspected and found suitable at time of packing.  Yes \_\_\_\_\_ Initials

Packaged by: Name: (Print)	Date DD/MMM/YYYY	Time:	Security Sealed <input type="checkbox"/> Yes
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**Section B: To be Completed by Receiving Facility:**

Facility	Received by: (Print)	Date	Time	Travel time: *
Packaging: <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable	Temperature check of blood /thawed components on receipt _____	Security Seal Intact <input type="checkbox"/> Yes <input type="checkbox"/> No	All products listed above accounted for (received and/or transfused)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Visually inspected and found suitable at time of unpacking.  Yes  No\* \_\_\_\_\_ Initials

**\*Note:** Contact the shipping facility immediately if travel time exceeds 24 hours, if packaging is unacceptable or products are unaccounted for.  
If unsure of the suitability of the blood, blood components and/or derivative for transfusion and/or release

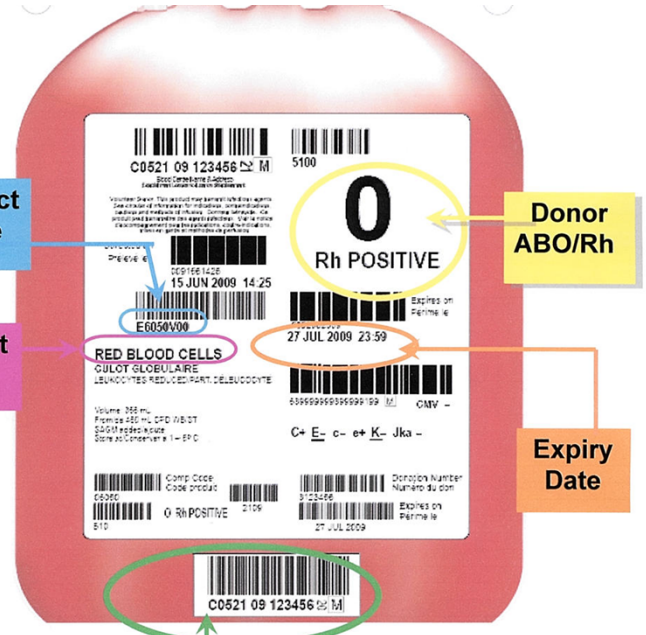
- Quarantine the blood, blood components and/or derivatives
- Contact CBS or your BTS, as appropriate, or the transfusion medicine physician on call for direction

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**\*Key -Component (Product Type) Blood and Blood Components**

Description	Mnemonic
Cryoprecipitate	CRYO
Cryosupernatant Plasma	CSP
Fresh frozen Plasma-Apheresis	AFFP
Frozen Plasma	FP24
Platelets Pooled	PLT Pooled
Platelets-Apheresis	APLT
Red Blood Cells	RBC

**Derivatives**

Brand	Vial Size	Brand	Vial Size
Albumin 25%	ml	Kogenate FSR FVIII	IU
Albumin 5%	ml	Advate rFVIII	IU
Alburex 25%	ml	Helixate FS r FVIII	IU
Alburex 5%	ml	BeneFix rFIX	IU
Plasbumin 25%	ml	Humate-P FVIII/vWF	IU
Plasbumin 5%	ml		
IGIVnex 10%	gm		
Gammunex 10%	gm		
Privigen 10%	gm		
WinRho	IU		
Octaplex	IU		

**\* Confirmed Hospital Storage Record Blood, Blood Components**

Unit remained in Blood Bank refrigerator at 1-6°C at all times  
 If Unit was transferred to a satellite Blood Bank Refrigerator it was stored at 1-6° C  
 If Unit was issued for transfusion it was returned to Blood Bank refrigerator (1-6°C) within 30 minutes  
 Storage documentation was reviewed and proper storage conditions were maintained at hospital

**\*\*\* Confirmed Hospital Storage Record Derivatives**

Derivative(s) remained in Blood Bank at all times and were stored under proper storage conditions (as per manufacturer's instructions).