
 DIAGNOSTIC SERVICES OF MANITOBA SERVICES DE DIAGNOSTIC DU MANITOBA	Instruction for Completion of Inter-facility Blood, Blood Components and Derivatives Transfer		Document # F160-INV-18B
	Approved by:  Dr. Charles Musuka	Effective Date: 13-MAR-2014	Version # 01
			Source Document: 160-INV-18, Interfacility Shipping of Blood, Components & Derivatives

Instruction for completion of the INV Form-Inter-facility Blood, Blood Components and Derivative Transfer for Transfer of Product from BTS to Another Facility

Section A: To be completed by sending facility

Tracking #:

Yearly tracking number specified for your site.
 Numbered labels supplied by DSM. TM office
 Forms numbered by each site with site code-year-sequential number (e.g. Westman 2010.001)
 Numbering should be started by calendar year.

From: (Facility)	Phone Number: (204) Fax Number: (204)	Icepack Freezer Storage Temperature °C
To: (Facility)	Transportation Mode: <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

From:

Sending Facility Name

Phone number and Fax Number:

Sending Facility numbers

Transport at Room Temperature

Ensure that product being shipped is transported at room temperature (transported in cab of vehicle with driver)

Freezer Temperature:

What temperature the "cryopak" hard walled ice pack is stored at prior to packing

To:

Facility Name you are transferring to

Transportation Mode:

Check appropriate box

Reason for Transfer:

<input type="checkbox"/> Patient	<input type="checkbox"/> Stock Derivative	<input type="checkbox"/> Emergency Stock	<input type="checkbox"/> Return to CBS	<input type="checkbox"/> Other
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Check appropriate box

Patient Information

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

Required when transferring crossmatched RBCs for a patient

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Blood, Blood Components

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

Component (Product Type):

See Key and sample label on reverse of form.

Component (Product) Code:

8 digit code that starts with "E": (see sample label on reverse of form for location).

Donor Unit # :

All 16 digits, may use stickers

Donor ABO/Rh:

See sample label on reverse.

Expiry Date:

See sample

Confirmed Hospital Storage:

Initial that each individual unit has met hospital storage requirements (as stated on reverse of form).

Disposition Information:

- This area must be completed by facility that receives crossmatched RBCs, platelets or plasma from a BTS
- "Receiving" facility to fax back to "sending" facility once disposition of all units is known
- When units are being transported with a patient (by ambulance/life flight) and are transfused en route, this area must be filled out by personnel performing the transfusions.

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	

Product Brand Name

- See Key on reverse.

Vial Size

- Record number of ml, ug, gms, etc.

Lot number:

- Record lot number(s) on vial(s)

Vials

- Record number of vials of each lot

Expiry Date

- Record expiry date of derivative as it appears on the vial.

Confirmed Hospital Storage

- Initial that each individual derivative has met hospital storage requirement (as stated on reverse of form)

Disposition Information

- For derivatives, this area only needs to be completed if derivative(s) are being transported with a patient and are infused enroute (eg., completed by personnel performing infusion)

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

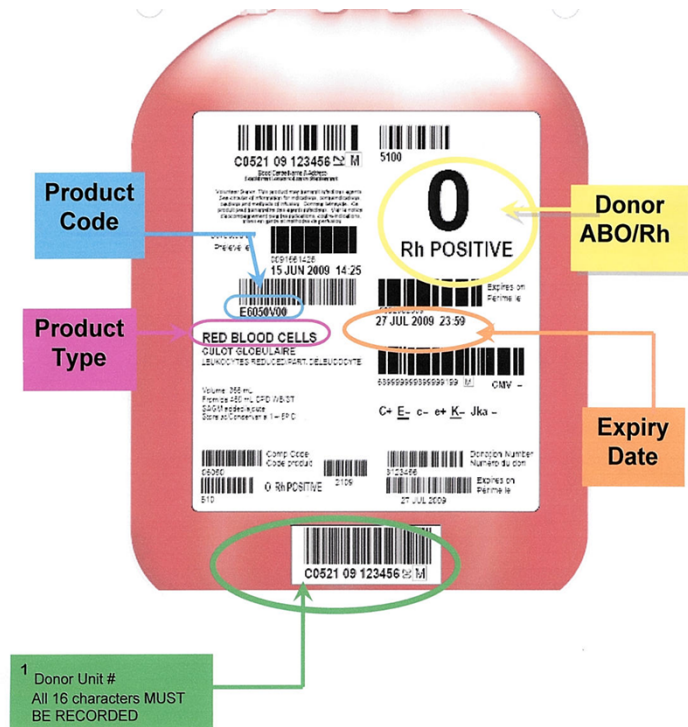
Packaged by: Name: (Print)	<u>Date</u> DD/MMM/YYYY	Time:	Security Sealed <input type="checkbox"/> Yes
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- To be completed by person packing the product(s)

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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).

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Section B: To be Completed by Receiving Facility:
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. <input type="checkbox"/> Yes <input type="checkbox"/> 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

Facility:

Receiving Facility

Received by:

Please print name

Date:

Date of receipt

Time:

Time of receipt

Travel Time:

Calculate time since the box had been packed (see packing time on bottom of page one)

Packaging:

Whether it meets requirements or not

Temperature Check of Blood and Blood Components on Receipt:

Follow INV. Procedure Temperature Check of Blood and Thawed Components on Receipt

Security Seal:

If no security seal quarantine blood or blood products until Senior or Charge Tech can decide as to the safety of the blood product.

All products listed accounted for:

Compare each unit with the list under Blood and Blood components on page one.

Visually inspected and found suitable:

Follow INV Procedure- Visual Inspection of Blood, Blood Components and Derivatives and visually inspect each unit.

Notes:

- 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
- A facility shipping product must fax this form to the receiving facility.
-Original copy of INV Form- Inter-facility Blood, Blood Component and Derivative Transfer is always shipped with the product.
-A photocopy of INV Form- Inter-facility Blood, Blood Component and Derivative Transfer must be kept by the shipping site