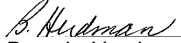
 DIAGNOSTIC SERVICES OF MANITOBA SERVICES DE DIAGNOSTIC DU MANITOBA	<b>Patient Care Team Instructions Handling Blood, Blood Components and Derivatives Shipped with a Patient</b>		<b>Document #</b> F160-INV-18C
	<b>Approved by:</b>  Brenda Herdman	<b>Effective Date:</b> 24-OCT-2012	<b>Version #</b> 02
<b>Source Document:</b> Source Document: 160-INV-18, Interfacility Shipping of Blood/Components/Derivatives			

Patient Care Team Instructions  
**Handling Blood, Blood Components and Derivatives Shipped with a Patient**

1. The shipping container(s) in which the blood, blood components and derivatives are packed, are validated to maintain storage conditions for a 24-hour period if the container remains closed.
2. The container is sealed with a security seal to ensure the blood, blood components and derivatives are secure until needed for transfusion.
3. **Do not open the shipping container until a blood, blood component or derivative is needed for transfusion.**
4. If a blood, blood component or derivative is needed for transfusion:
  - 4.1 Cut the security seal using heavy duty scissors
  - 4.2 On top of the Styrofoam container, you will find either:
    - a "Packing Slip" (if packed by Trace Line facility)
    - OR**
    - an "Interfacility Blood, Blood Component and Derivative Transfer" form (if packed by non-Trace Line facility)
  - 4.3 Remove only what is needed for transfusion. Do not disturb the packing configuration of the remaining units, the ice/gel packs or the cardboard inserts.
  - 4.4 Immediately re-close the box. Ensure that the Styrofoam lid is in place, close flaps and secure strap.
  - 4.5 Failure to keep the box closed will adversely affect the interior temperature and jeopardize the safety of the contents.
5. For any units transfused/infused en route, complete applicable form(s):
  - 5.1 Record of Transfusion secured to unit (from Trace Line facility)
  - OR**
  - 5.2 Disposition information (Date/Time Transfused) adjacent to each unit on the Inter-Facility Transfer form (from Non-Trace Line facility)
6. Immediately upon arrival at your destination, deliver to the Blood Bank in that facility:
  - 6.1 All shipping containers
  - 6.2 Any unused blood, blood component and derivatives
  - 6.3 All completed forms (Record of Transfusion/Inter-Facility Transfer form for any units transfused/infused en route)
7. Should you have any questions call: \_\_\_\_\_  
 (insert your facility name here) (insert your lab phone number here)

FOR LAB USE ONLY

Print or Affix Pre Printed Label	Type of Blood Product Enclosed	Number of Units
Patient Name: _____		
PHIN: _____		
Packed by: _____		
Date: _____ Time: _____		