

<b>Platelet Pack Details</b> <small>To be completed from the blood pack label upon receipt <b>Do NOT Refrigerate</b></small>										<b>Patient Details</b> <small>To be completed from the blood compatibility label upon receipt</small>		<b>Issue No.</b>	<b>Product Fate</b> <small>To be completed anytime product is REMOVED from or RETURNED to fridge.</small>						
Date	Temp	Expiry	Pt Blood Group	Date	Time	Ward	<b>Fate Code (circle)</b>			Sign & Print Surname									
Time		Donor Group		Surname		1	RTS	RTF	DAM	EXP	IS								
Path Lab (Circle)	SA Path	Abbott	AustClinLabs	Clinpath	First Name		RTS	RTF	DAM	EXP	IS								
Donor Number		DOB		2			RTS	RTF	DAM	EXP	IS								
Print and Sign		MRN			RTS	RTF	DAM	EXP	IS										
Time		Donor Group		Surname		1	RTS	RTF	DAM	EXP	IS								
Path Lab (Circle)	SA Path	Abbott	AustClinLabs	Clinpath	First Name		RTS	RTF	DAM	EXP	IS								
Donor Number		DOB		2			RTS	RTF	DAM	EXP	IS								
Print and Sign		MRN			RTS	RTF	DAM	EXP	IS										
Time		Donor Group		Surname		1	RTS	RTF	DAM	EXP	IS								
Path Lab (Circle)	SA Path	Abbott	AustClinLabs	Clinpath	First Name		RTS	RTF	DAM	EXP	IS								
Donor Number		DOB		2			RTS	RTF	DAM	EXP	IS								
Print and Sign		MRN			RTS	RTF	DAM	EXP	IS										
Time		Donor Group		Surname		1	RTS	RTF	DAM	EXP	IS								
Path Lab (Circle)	SA Path	Abbott	AustClinLabs	Clinpath	First Name		RTS	RTF	DAM	EXP	IS								
Donor Number		DOB		2			RTS	RTF	DAM	EXP	IS								
Print and Sign		MRN			RTS	RTF	DAM	EXP	IS										
<p><b>Problem Log:</b> Record all problems. Must include dates, corrective actions and incident number on reverse of this page. Problem logged ( ) tick, see details over page.</p>						<p><b>Fate Code:</b> Ward: Enter ward name / number, <b>RTS:</b> Return to Supplier, <b>RTF:</b> Return to Fridge, <b>DAM:</b> Damaged, <b>EXP:</b> Expired, <b>IS:</b> Incorrect Storage</p>													
<p>Platelets must be stored at 20°C - 24°C and on a platelet agitator if available. If there is a delay in transfusing platelets contact Transfusion Service Laboratory for advice. <b>Do NOT Refrigerate</b></p> <p><b>Platelet</b></p> <p><small>South Australian Public Hospitals Retention Disposal Schedule require this form to be archived and stored for 20 years by the health unit</small></p>						<p><b>Hospital Quality Delegate Review</b></p> <p>Site Name:</p> <p>Print Name:</p> <p>Sign: _____ Designation:</p> <p>Contact No:</p>													