

Red Cell Pack Details <small>To be completed from the blood pack label upon receipt</small>										Patient Details <small>To be completed from the blood compatibility label upon receipt</small>		Product Fate <small>To be completed anytime product is REMOVED from or RETURNED to fridge.</small>						
Date		Temp		Expiry		Pt Blood Group		Issue No	Date	Time	Ward	Fate Code (circle)					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	
Date		Temp		Expiry		Pt Blood Group		Issue No	Date	Time	Ward	Fate Code (circle)					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	
Date		Temp		Expiry		Pt Blood Group		Issue No	Date	Time	Ward	Fate Code (circle)					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	
Date		Temp		Expiry		Pt Blood Group		Issue No	Date	Time	Ward	Fate Code (circle)					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	
<p>Problem Log: 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>Red Cells must be stored at 2°C - 6°C in an approved blood fridge. Contact the Transfusion Service Laboratory when blood no longer required and/or quarantined.</p> <p>Red Cells – Patient Specific</p> <p>South Australian Public Hospitals Retention Disposal Schedule require this form to be archived and stored for 20 years by the health unit</p>								<p>Fate Code: Ward: Enter ward name / number, RTS: Return to Supplier, RTF: Return to Fridge, DAM: Damaged, EXP: Expired, IS: Incorrect Storage</p>					Hospital Quality Delegate Review					
													Site Name:					
													Print Name:					
													Sign:			Designation:		
Contact No:																		