

Emergency Red Cell Pack Details <small>To be completed from the blood pack label upon receipt</small>										Patient Details <small>To be completed upon Issue to patient</small>		Issue No.	Product Fate <small>To be completed anytime product is REMOVED from or RETURNED to fridge.</small>					
Date	Temp	Expiry	Pt Blood Group	Date	Time	Ward	Fate Code (circle)						Sign & Print Surname					
Time		Donor Group			Surname		RTS	RTF	DAM	EXP	IS							
Path Lab (Circle)	SA Path	Abbott	AustClinLabs	Clinpath	First Name		RTS	RTF	DAM	EXP	IS							
Donor Number		DOB					RTS	RTF	DAM	EXP	IS							
Print and Sign		MRN					RTS	RTF	DAM	EXP	IS							
Time		Donor Group			Surname		RTS	RTF	DAM	EXP	IS							
Path Lab (Circle)	SA Path	Abbott	AustClinLabs	Clinpath	First Name		RTS	RTF	DAM	EXP	IS							
Donor Number		DOB					RTS	RTF	DAM	EXP	IS							
Print and Sign		MRN					RTS	RTF	DAM	EXP	IS							
Time		Donor Group			Surname		RTS	RTF	DAM	EXP	IS							
Path Lab (Circle)	SA Path	Abbott	AustClinLabs	Clinpath	First Name		RTS	RTF	DAM	EXP	IS							
Donor Number		DOB					RTS	RTF	DAM	EXP	IS							
Print and Sign		MRN					RTS	RTF	DAM	EXP	IS							
Time		Donor Group			Surname		RTS	RTF	DAM	EXP	IS							
Path Lab (Circle)	SA Path	Abbott	AustClinLabs	Clinpath	First Name		RTS	RTF	DAM	EXP	IS							
Donor Number		DOB					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> <b>Ward:</b> 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>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. ≤ 14 days prior to expiry or if quarantined. CHSALHN staff to <b>NOTIFY</b> partnered Transfusion Service upon issue of product to patient.</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>						
<p><b>Red Cells – Emergency O Neg / O Pos</b></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>																		