

To: (RECEIVING HOSPITAL)

This box should be taken immediately on arrival to the Hospital Transfusion Laboratory

BLOOD

URGENT
For Immediate
Delivery

Issued by:

Hospital Name:

Contact Number:

.....

Any blood components
contained in this box must be
placed in an approved blood
transfusion storage facility.

In compliance with BSQR 2005,
it is confirmed that the
contents of this box have been
stored securely in accordance
with Guidelines for the Blood
Transfusion Services.

Delivered to Signature..... Print Name..... Role Location.....	Packed by Signature Print Name..... Role..... Location.....
Date: Time:	Date: Time:

Date and time removed from transport box: Give <u>exact</u> time HH:MM	
Unit 1:	
Unit 2:	
Unit 3:	
Unit 4:	

This transport box has been validated for the storage of blood components for up to <u>4 hours</u> once packed and sealed.	
The contents of this box will be suitable for transfusion for up to	HH:MM hours

Do NOT open unless immediate transfusion of the patient is indicated