

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.

<b>Delivered to</b>  Signature.....  Print Name.....  Role ..... Location.....  <b>Date: .....</b> <b>Time: .....</b>	<b>Packed by</b>  Signature .....  Print Name.....  Role..... Location.....  <b>Date:.....</b> <b>Time: .....</b>
<b>Date and time removed from transport box:</b> 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 4 hours 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**