



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..... Date: Time:	Packed by Signature Print Name..... Role..... Location..... Date:..... Time:
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Date and time removed from transport box:
Give exact 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