

Appendix 7: Shipper Packing Slip/ Blood Consignment Record	<Insert logo or hospital name here>	Consignment Number:
To:	From:	

SENDER TO COMPLETE

No. of Shippers:	Blood Product:	Qty:
Patient Name:		Packed Date: Time:
Sent via:	YOUR Lab courier <input type="checkbox"/>	Taxi <input type="checkbox"/>
	Bus <input type="checkbox"/>	Airline <input type="checkbox"/>
	Other Courier <input type="checkbox"/>	
Details:		
Other Courier Company Name:		
I have packed this consignment in accordance with the packing configuration:		
Signature:	Dispatched Date:	Time:

RECIPIENT TO COMPLETE *Please return completed form to Sender*

No. of shippers received:	Shipment received unopened and undamaged? YES <input type="checkbox"/> NO <input type="checkbox"/>	
For products listed below Is the temperature within the acceptable range? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If product is outside specified temperature range, contact sender immediately for advice.</i>		
Received	Date:	Time:
Unpacked	Date:	Time:
Signature:		Date:

 <p>WARNING DO NOT USE products if: The shipper arrives open The product is outside the specified temperature range</p>	<p>ACCEPTABLE TEMPERATURE RANGE Red cells..... 2°C to 10°C Autologous Blood 2°C to 10°C Platelets..... 20°C to 24°C Manufactured products as per Product Information</p>
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Laboratory Notes