Shared health Soins communs Manitoba	*Inter-facility Blood, Blood Components and Plasma Protein Product Transfer*		**Document #** F160-INV-18A
			Version # 05
	Approved By: **Darcy Heron** *(approval on file)*	**Effective Date** **18-MAY-2023**	**Source Document:** **160-INV-18, Interfacility Shipping of Blood, Components & Plasma Protein Product**

SECTION A: Completed by **ISSUING** facility

From (facility):	Phone number: (204) Fax number: (204)	Icepack freezer storage temperature _____°C
To (facility):	Transportation mode: □ Ambulance □ Lab truck □ Courier □ Driver □ Taxi □ Air Ambulance □ Other:_____	□ Verified transported at room temperature

Reason for Transfer

□ Patient □ Return Plasma Protein Product to eTL site □ Return emergency stock to eTL site □ Return to CBS
□ Other (explain):

Patient Information

Last name:	First name:	PHIN:
Date of birth: (DD/MMM/YYYY)	Chart/medical record number:	ABO/Rh:

Blood, Blood Components

Component: Product Type (See A on reverse)	Component: Product Code	Donor unit number	ABO & Rh	Expiry date (DD/MMM/YYYY)	**Disposition Information** (DD/MMM/YYYY)			Confirmed Hospital Storage (initial) (See B on reverse)
					Date/time transfused	Discarded date	Returned date	

Plasma Protein Product

Product Brand Name (See A on reverse)	Vial size (ml, ug, etc.)	Lot number	Sequence number(s) of vials	Expiry date (DD/MMM/YYYY)	**Disposition Information** (DD/MMM/YYYY)			Confirmed Hospital Storage (initial) (See B on reverse)
					Date/time Transfused	Discarded date	Returned date	

Visually inspected and found suitable at time of packing: □ Yes □ No Initials: _____

Packaged by (print name):	Date (DD/MMM/YYYY):	Time (hh:mm):	Security seal attached: □ Yes □ No

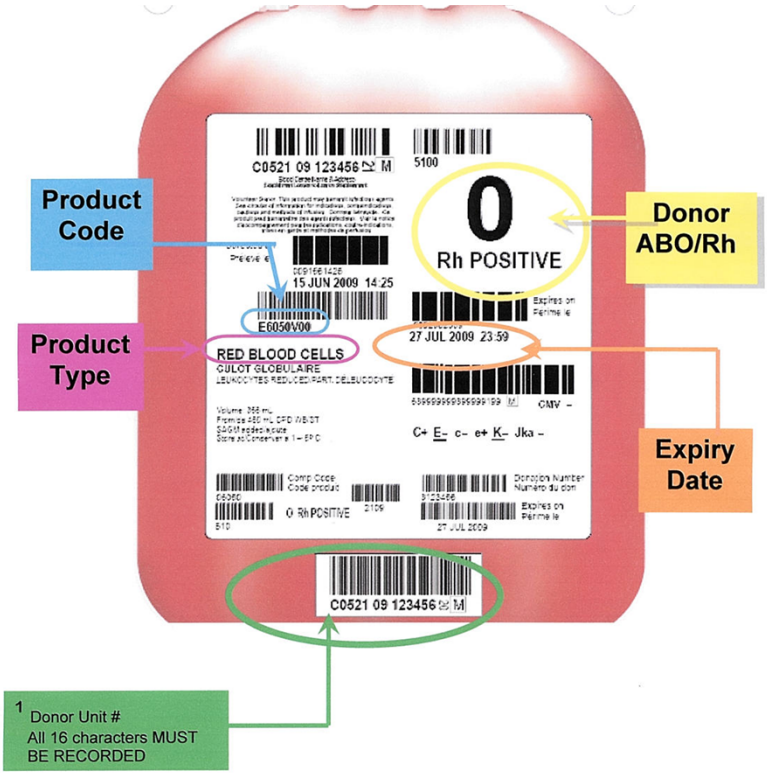
SECTION B: Completed by **RECEIVING** facility

Facility:	Received by (print name):	Date (DD/MMM/YYYY):	Time (hh:mm):	Travel time*:
Packaging*: □ Acceptable □ Unacceptable	Temperature check of product on receipt: _____°C	Security seal intact: □ Yes □ No	All products listed above accounted for: □ Yes □ No	Products transfused or placed in site inventory: □ Transfused *(fax record of transfusion to issuing facility)* □ Placed in inventory

Visually inspected and found suitable at time of unpacking: □ Yes □ No** Initials: _____

*Contact the shipping facility immediately if travel time exceeds 24 hours, if packaging is unacceptable or products are unaccounted for.
**If unsure of the suitability of the blood, blood components and/or plasma protein product for transfusion and/or release:

- Quarantine blood, blood components and/or plasma protein product
- Contact CBS or facility BTS, as appropriate, or the Transfusion Medicine physician on-call for direction



A. Component: Product Type

Blood and Blood Components:

Description	Mnemonic
Cryoprecipitate	CRYO
Cryosupernatant plasma	CSP
Fresh frozen plasma-apheresis	AFFP
Frozen plasma	FP24
Solvent detergent plasma	S/D
Platelets pooled	PLT Pooled
Platelets-apheresis	APLT
Pooled platelets, psoralen treated	PPPT
Red blood cells	RBC

Plasma Protein Product:

Brand	Vial Size	Product/ Brand	Vial Size
Albumin/Plasbumin 25%	ml	rFVIII /_____	IU
Albumin/ Plasbumin 5%	ml	rFIX /_____	IU
Alburex 25%	ml	FVIII/vWF_____	IU
Alburex 5%	ml		
IVIGnex/Gamunex 10%	gm		
Gammagard Liquid 10%	gm		
Privigen 10%	gm		
WinRho	IU		
Octaplex	IU		
C1 Esterase Inhibitor	IU		

B. Confirmed Hospital Storage Record

Blood, Blood Components:

- Unit remained in blood bank refrigerator between 1-6°C at all times
- If unit was transferred to a satellite blood bank refrigerator it was stored between 1-6°C
- If unit was issued for transfusion it was returned to blood bank refrigerator (1-6°C) within 60 minutes
- Storage documentation was reviewed and proper storage conditions were maintained at hospital

Plasma Protein Product:

- Plasma protein product remained in blood bank at all times and were stored under proper storage conditions (as per manufacturer's instructions).