Instruction for completion of the form *Inter-facility Blood, Blood Components and Plasma Protein Product Transfer* for transfer of product from BTS to another facility

I. Section A: To be completed by sending facility

From (facility):	**Phone Number**: (204) **Fax Number**: (204)	Icepack **Freezer** Storage Temperature _____°C
To (facility):	**Transportation Mode**: □ Ambulance □ Lab Truck □ Courier □ Driver □ Taxi □ Life Flight □ Other:_____	□ Verified **transport at room temperature**

- **From:** Sending facility's name
- **Phone and Fax Number:** Sending facility's numbers
- **Transport at Room Temperature:** ensure product being shipped is transported at room temperature (transported in cab of vehicle with driver)
- **Freezer Temperature:** temperature the "cryopak" hard-walled ice pack is stored at prior to packing
- **To:** Facility's name you are transferring to
- **Transportation Mode:** check appropriate box

II. Reason for Transfer: check appropriate box

□ Patient □ Return plasma protein product to eTL site □ Return emergency stock to eTL site □ Return to CBS
□ Other (explain)_____

III. Patient Information: required when transferring crossmatched red cells for a patient

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

IV. Blood, Blood Components:

Component*: Product Type	Component: Product Code	Donation Unit #	ABO/ Rh	Expiry Date	Disposition Information			Confirmed Hospital Storage** (Initial)
					Date/time transfused	Discarded date	Returned date	

- **Component: Product Type:** see Key and sample donor label, page 3
- **Component: Product Code:** 8-digit code starting with "E"; see sample donor label on page 3 for location
- **Donor Unit #:** all 16 digits, may use stickers
- **Donor ABO/Rh:** see sample donor label, page 3
- **Expiry Date:** see sample donor label, page 3

- **Disposition Information:**
  - Area must be completed by facility receiving crossmatched red cells, platelets or plasma from a BTS
  - **Receiving** facility to fax back to **Sending** facility once disposition of all units is known
  - Life Flight/Air Ambulance: filled out by personnel performing transfusion for units transported with a patient and transfused en-route
- **Confirmed Hospital Storage:** initial for each individual unit which has met hospital storage requirements (as stated on page 3)

V. Plasma Protein Product:

Product* Brand Name	Vial size (mL, ug, etc.)	Lot number	Sequence number(s) of vials	Expiry date	Disposition Information			Confirmed Hospital Storage** (Initial)
					Date/time transfused	Discarded date	Returned date	

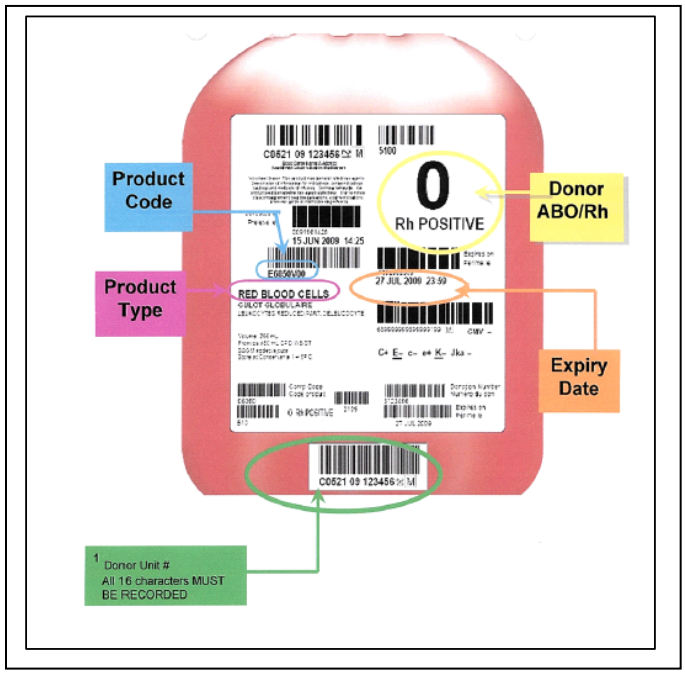
- **Product Brand Name:** see Key on page 3
- **Vial Size:** record number of ml, ug, gms, etc.
- **Lot number:** record lot number on vial
- **Sequence Number(s) of Vials:** record sequence number for each vial
- **Expiry Date:** record expiry date of plasma protein product as it appears on the vial
- **Disposition Information:** for plasma protein product, this area only needs to be completed if plasma protein product is being transported with a patient and infused en-route (e.g., completed by personnel performing infusion)
- **Confirmed Hospital Storage:** initial for each individual plasma protein product which has met hospital storage requirement (as stated on page 3)

Visually inspected and found suitable at time of packing: □ Yes □ No Initials _____			
Packaged by:	Date (DD/MMM/YYYY)	Time:	Security sealed: □Yes □No

- **Packaged by:** to be completed by person packing the product

Key:

***Component: Product Type**



Blood and Blood Components

Description	Mnemonic
Cryoprecipitate	CRYO
Cryosupernatant Plasma	CSP
Fresh frozen Plasma-Apheresis	AFFP
Frozen Plasma	FP24
Platelets Pooled	PLT Pooled
Platelets-Apheresis	APLT
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		

****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 was stored under proper temperature conditions (as per manufacturer's instructions).

VI. Section B: To be completed by Receiving facility:

Facility:	Received by: (print)	Date:	Time:	Travel time‡:
Packaging: □ Acceptable □ Unacceptable	Temperature check of blood/thawed components on receipt: _____	Security Seal Intact: □ Yes □ No	All products listed above accounted for (received and/or transfused)? □ Yes □ No	

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

‡Note: Contact the Shipping facility immediately if: travel time exceeds 24 hours, 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:

- Immediately 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

- **Facility:** Receiving facility
- **Received by:** print name
- **Date:** date of receipt (DD/MM/YYYY)
- **Time:** time of receipt
- **Travel Time:** calculate time from time box packed (see packing time on bottom of page two)
- **Packaging:** assess to determine if shipment meets packing requirements
- **Temperature Check of Blood and Blood Components on Receipt:** follow procedure *Temperature Check of Blood and Thawed Components on Receipt,* 160-INV-11
- **Security Seal:** if no security seal, quarantine blood or blood products until senior or charge tech can decide as to the safety of the blood product
- **All products listed accounted for:** compare each unit with the list under blood and blood components on page two
- **Visually inspected and found suitable:** follow procedure *Visual Inspection of Blood, Blood Components and Plasma Protein Products*, 160-INV-12, and visually inspect each unit

Notes:

- Contact 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:
  - Immediately 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
- The Shipping facility must fax the form *Inter-facility Blood, Blood Component and Plasma Protein Product Transfer*, F160-INV-18, to the Receiving facility and:
  - The **original** form shall be shipped with the product
  - A **photocopy** of the form shall be retained by the Shipping facility