



# Hospital Return

LifeSouth Community Blood Centers

### Return Instructions

Complete the Facility Information and Component Information sections of this form.\*

Contact the blood center for the Order Number and record it here:

Order Number:

Sign to verify that the components were maintained at the appropriate storage temperature. Note that returns will not be accepted if this area is not signed.

Consignee Signature:

**Notes:** *Do not use this form if the blood component will not be returned or if the returned component is variant. Instead, complete an Issue/Complaint Report (see **HIM.2.1**).*

### Facility Information

Facility Name:	
Phone Number:	
Form Completed by:	Date Completed:

### Component Information

DIN	Check Digit	Component Class (see below)	Expiration Date	Blood Type	Reason for Return (see below)

Component Classes	Return Reasons
Red Blood Cells Fresh Frozen Plasma Plasma Whole Blood	Platelets Pooled Platelets Pooled Cryoprecipitate Inventory Management Mis-Shipment Outdate - Credit
	Outdate – No Credit Recall/Withdrawal Segments needed