## **Record of Return/Transfer**

Sending Facility:							
Sent to: MBCM MBCD NCBB-LKN NCBB-Omaha  Other							
Unit Number	E-code (Component)	ABO/Rh		iration e/Time	Reason for Ret		Comments (CMV-, Irradiation, etc.)
*Reason for Return: Return for Re-Issue (RI), Return for Quarantine (QUAR), Return due to Outdate (OD)							
Hospital Staff  I verify that this blood or component has been stored continuously as directed on the label and the units have							
been visually inspected, there is no al Initials		normality in o Date	color or	physical appearance or evi		dence of contamination.	
RECEIVING FACILITY (Hospital or Blood Center)							
RECEIVED BY:	Initials Date			Date	te Time		
□ BLD CTR	Temperature Upon Receipt A			Appearan	Appearance (OK or QUAR) Comments		
St. Paul, MN 651-332-7108				coln, NE Omaha, NE -486-9453 402-333-3156			
Reviewed by/Date:							