



Center Information:

### Return/Transfer Packing List

Transfer from: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Account Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Reason for Transfer or Return**

- For Transformation       Stock Exchange       Short Dated       Technical Problem
- Transfer Autologous/Directed       Transfer – Hospital to Hospital       Other \_\_\_\_\_

Packing Verification	DIN	Component Code	Receipt Verification	Comments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

All blood components were stored and handled at our facility in accordance with current regulations. <b>Signature</b> _____	<b>Date:</b> _____ <b>Time:</b> _____ <b>Insp. &amp; Packed by:</b> _____
--	---

Received by: _____	Date: _____	Time: _____	Data Entry (Date/EC): _____
Properly Packaged? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receipt Temperature: _____		Reviewed by (Date/EC): _____