

Laboratory barcode

Inter-Hospital Transfer Document

This form must accompany all blood components transferred between hospitals

N.B. sender must retain a photocopy of this document

TO BE COMPLETED BY HOSPITAL LOCATION PACKING THE BLOOD COMPONENTS

Dispatch Information - Hospital Transfusion Laboratory:				
Destination Hospital:				
Patient Name:		Sex:		
NHS/Hospital Number:		DOB/Estimated age		
Person	Requesting transfer:			Receiving request:
Inform receiving blood transfusion laboratory (Non-Pathlinks sites only) <input type="checkbox"/>				
Name of person informed (Non-Pathlinks sites only):			Date:	
Mode of transport:	Ambulance <input type="checkbox"/>	Taxi <input type="checkbox"/>	Blood bikes <input type="checkbox"/>	Other <input type="checkbox"/> (specify):
Emergency blood provision to outside agency (leave blank for standard transfer)				
Activator Name:		Activator designation (circle relevant):		
BMS Name:		EMAS /WMAS/ LIVES/ EMICS / AIR AMBULANCE		
ETA to Hospital collection point:				

				Complete if transfused		
Unit	Date	Product	Unit Number	Time Started	Time Ended	Transfused By
1						Print:
						Sign:
2						Print:
						Sign:
3						Print:
						Sign:
4						Print:
						Sign:

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Sending Hospital:			
<i>I confirm that the components listed above have been stored in accordance with National guidelines before issue and that the recipient site is aware of their obligation to transport, store, use and maintain fully traceability in accordance with official guidance. I confirm that the components listed above will be transported in a correctly packed, validated container and must arrive within a validated period of the package time</i>			
Date Packed:		Time Packed:	
Print Name:		Signature:	

Receiving Hospital:			
Name of person receiving box:	Print:	Sign:	
Location receiving box:	Laboratory <input type="checkbox"/>	Clinical Area <input type="checkbox"/>	Specify:
Date received:		Time received:	
Box received:	Sealed <input type="checkbox"/>	Open <input type="checkbox"/>	Blood bag indicator checked & recorded: (if applicable)

- Please return this form to the Blood Transfusion Laboratory as soon as possible after receipt, together with any un-transfused blood components, in their original transport box.
- If units have been transfused in transit, ensure the above 'Transfused Units Details' section has been completed.

Placed in blood transfusion fridge	Date:		Time:	
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Indicate final status of units transferred				
Unit	Transfused in transit	Received into laboratory stock	Wasted	Other (specify)
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Receiving hospital laboratory to email this completed form to dispatching hospital (email available via RTC administrator)

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TO BE COMPLETED BY EXTERNAL COURIERS ONLY

Instruction for the Individual Collecting the Blood Transport Box

Please read the following and ensure you understand these instructions. If you do not, ask the laboratory staff for clarification. When you have read and understood these instructions please **sign, date and print your name in the space provided below.**

<ul style="list-style-type: none">• During transportation of blood and /or blood products members of the general public or other materials MUST NOT travel in the same vehicle.
<ul style="list-style-type: none">• All reasonable efforts must be taken to ensure transport boxes are handled with care during loading and unloading. All boxes containing blood and/or blood products must be carried in the closed boot of the vehicle or the rear of the vehicle during transportation. Any packages where damage occurs must be reported to the laboratory.
<ul style="list-style-type: none">• During the transportation of blood and/or blood products the journey must not be interrupted from the collection point to the destination, unless requested to do so by the person responsible for booking the transport e.g. Transport Manager, Northern Lincolnshire and Goole NHS Trust or Transfusion Departmental staff.
<ul style="list-style-type: none">• All boxes containing blood and/or blood products must be kept sealed at all times during transportation.
<ul style="list-style-type: none">• In the event of a blood spillage/accident: Contact the destination hospital switchboard who will contact the destination Blood Transfusion Department so that, if necessary, further supplies or Transport can be arranged. Return all packaging to the destination Hospital Transfusion Laboratory, where the packaging can be disposed of safely, cleaned or decontaminated as appropriate to HTL Policies.
<ul style="list-style-type: none">• In the event of a vehicle breakdown or other incident resulting in a delayed delivery: The carrier is responsible for providing replacement transport at the earliest possible convenience and MUST inform the destination hospital (see above contact details) of the time delay expected.
<ul style="list-style-type: none">• All blood and/or blood components delivered to Hospitals must be delivered to the destination hospital and handed to a member of laboratory staff who will verify delivery.
<ul style="list-style-type: none">• Boxes containing blood and/or blood products must never be left unattended. or left at any site where the integrity of the product could be compromised
<ul style="list-style-type: none">• At all times, the driver is to ensure compliance with all road traffic and transport laws and any requests by the police or government agencies

Signature		Date	
		Time	
Print Name		Designation	

Component Packing Label

To: (RECEIVING HOSPITAL)

This box should be taken immediately on arrival to the Hospital Transfusion Laboratory

BLOOD

Components

**URGENT
For Immediate
Delivery**

Issued by

.....

Hospital

Name:.....

Contact

Number:.....

Any blood components contained in this box must be placed in an approved blood transfusion storage facility.

Packed by:		In compliance with BSQR 2005, it is confirmed that the contents of this box have been stored securely in accordance with Guidelines for the Blood Transfusion Services.
Signature.....		
Print Name.....		
Role	Location.....	
Date:	Time:	

Date and time removed from transport box:
Give exact time HH:MM

Unit 1:

Unit 2:

Unit 3:

Unit 4:

This transport box has been validated for the storage of blood components for up to 4 hours once packed and sealed. The contents of this box will be suitable for transfusion for up to HH:MM hours

Do NOT open unless immediate transfusion of the patient is indicated