Blood Supplier Audit

Month: _____ **Year:** _____

Daily inventory received timely: Daily inventory delivered before 11am same day.

Number of units returned: The number of incorrect products received that must be returned to blood supplier. Also indicate the donor unit# on the shipment receipt.

Appropriate delivery containers used: The products must be packaged and delivered in appropriate containers and packing materials that maintained proper shipping temperature for the specific component e.g. ice-packs with RBCs, dry ice with frozen products, gel-packs with platelets. Document any quarantined units and reason in the comment section.

Products received are in satisfactory condition: Products have adequate segments, have no 'particulate' matter, are not hemolyzed, clotted or lipemic, are not discolored, are not leaking, face label is legible and intact, no more than two unique donor identifiers, RAD-SURE sticker indicates Irradiated, etc.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Daily inventory received timely (√ = Yes for before 11am or write the time if >11am)																															
# of units returned to blood supplier (0 = none)																															
Appropriate delivery containers used (√ = Yes, N = No and document below)																															
Products received are in satisfactory condition (0 = no unsatisfactory products, or enter the # of rejected units.																															
CLS ID																															
Reviewer ID:																															

Comments:

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Monthly Review: Supervisor _____ Date _____