

EMERGENCY BLOOD TRANSPORT LOG

- St. Joseph Medical Center Tacoma, WA
 St. Clare Hospital Lakewood, WA
 St. Elizabeth Hospital Enumclaw, WA
 St. Francis Hospital Federal Way, WA
 St. Anthony Hospital Gig Harbor, WA
 Highline Medical Center Burien, WA
 PSC

Patient Name	
	<i>(If patient ID is unknown, document sex and approximate age above)</i>
Medical Record #	
Urgency Level	<input type="checkbox"/> Now (< 1 min) <input type="checkbox"/> 3-5 min <input type="checkbox"/> 5-10 min <input type="checkbox"/> > 10 min
Transport Container	Cooler # _____ Time issued _____ Time due back in BB _____
Date	

FOR TRANSFUSION SERVICE ONLY - Never give O Pos to a woman < 50

COMPONENT			Visual Inspection OK?	ISSUED			RETURNED		Visual Inspection OK?
Product	Blood Type	Unit #		Time	Tech ID	Patient Location	Time	Tech ID	
			Y N						Y N
			Y N						Y N
			Y N						Y N
			Y N						Y N
			Y N						Y N
			Y N						Y N
			Y N						Y N
			Y N						Y N

FOR HOSPITAL DEPARTMENT USE ONLY

Component		Unit Removed from Transport Box		Unit Returned to Transport Box		Unit Removed from Transport Box	
Product	Unit Number	Time	Initials	Time	Initials	Time	Initials

If Temperature Monitor turns red, please return the affected unit immediately to the blood bank.