LIS DOWNTIME LABEL VERIFICATION FORM

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| All items are required when using a full face Hematrax label. Only Expiration Verification is required for Thawed Pooled Cryo or Platelet Combining |
| Unit Number | Div Ds | Date | New Label Y/N | Label Item verified | Verified by Two Techs? 🗸= Yes | Label Item verified | Verified by Two Techs? 🗸= Yes | Label Item verified | Verified by Two Techs? 🗸= Yes | Label Item verified | Verified by Two Techs? 🗸= Yes | Label Item verified | Verified by Two Techs? 🗸= Yes | Tech IDs |
| W1416 |  |  |  | Unit Number |  | ABO/Rh |  | Product Name/code |  | Volume |  | ExpirationDate |  | 1 |
| 2 |
| W1416 |  |  |  | Unit Number |  | ABO/Rh |  | Product Name/code |  | Volume |  | ExpirationDate |  | 1 |
| 2 |
| W1416 |  |  |  | Unit Number |  | ABO/Rh |  | Product Name/code |  | Volume |  | ExpirationDate |  | 1 |
| 2 |
| W1416 |  |  |  | Unit Number |  | ABO/Rh |  | Product Name/code |  | Volume |  | ExpirationDate |  | 1 |
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| W1416 |  |  |  | Unit Number |  | ABO/Rh |  | Product Name/code |  | Volume |  | ExpirationDate |  | 1 |
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| W1416 |  |  |  | Unit Number |  | ABO/Rh |  | Product Name/code |  | Volume |  | ExpirationDate |  | 1 |
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| W1416 |  |  |  | Unit Number |  | ABO/Rh |  | Product Name/code |  | Volume |  | ExpirationDate |  | 1 |
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| W1416 |  |  |  | Unit Number |  | ABO/Rh |  | Product Name/code |  | Volume |  | ExpirationDate |  | 1 |
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| W1416 |  |  |  | Unit Number |  | ABO/Rh |  | Product Name/code |  | Volume |  | ExpirationDate |  | 1 |
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| W1416 |  |  |  | Unit Number |  | ABO/Rh |  | Product Name/code |  | Volume |  | ExpirationDate |  | 1 |
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| 2 |
| W1416 |  |  |  | Unit Number |  | ABO/Rh |  | Product Name/code |  | Volume |  | ExpirationDate |  | 1 |
| 2 |