*Affix Patient Label Here*

*Patient Name*

*HID*

*Birth date*

 Portable Refrigerator Response Log

|  |  |  |  |
| --- | --- | --- | --- |
| **Fridge #** | **Return Time:** | **Responding TSL Tech(s):** | **2nd TSL Tech/Time** |
|  **Approx. Age:** | **Clinical trial:** No **□** Yes **□** If Yes, which? |  **Gender:** *(circle)* **Male / Female**  |
| **Location** | **MTP activated?***(circle)*  **Yes / No** | **Date/Time MTP activated:** | **Response Date & Time:**  |

Date/Time Sample Drawn: \_\_\_\_\_\_\_\_\_\_\_\_ // Released by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date/Time: \_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Red Blood Cells** | **Unit Number:** | **Date/Time Removed**  | First Initial/Last Name**Visual Inspect OK** | **Date/Time Returned** to Refrigerator | **Returned to TSL Inventory Time/Date** | **Issued in SQ TSL Tech Time/Date** |
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| **PLASMA** |  |  |  |  |  |  |
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**Platelet or Thawed CRYO (Stored in Transport Box)**

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Clinical Care Staff Notified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notified by (TSL Tech): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Two Person Verification at Issue. Visual Inspection at time of issue OK.

TECH ID: \_\_\_\_\_\_\_\_ TECH ID: \_\_\_\_\_\_\_\_\_

Issued by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / date and time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_