**Platelet Container Validation Form**

To be used to verify annually the acceptability for using the platelet container used for transporting platelets within Harborview Medical Center

**Part A**

Container Specifications: 14.5x9x8 inch (LxWxH)- Bloodworks Northwest

|  |  |  |  |
| --- | --- | --- | --- |
| **Platelet Container Inspection** | **Yes** | **No** | **Tech ID/Date** |
| All components of container available including stabilizers |  |  |  |
| All components of container intact and acceptable for use |  |  |  |

**Part B**

Platelet Container Temperature Readings with 1 unit of platelet for 24 hours. List temperature below for every 4 hours

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date/Time** | **Location** | **Manual Temperature****Data Logger****ID:**  | **Acceptable Temperature** **(20-24C)**Yes/ No | **Tech ID** |
| **Start:** |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **End:** |  |  |  |

*Note: Attached data logger data and graph to form*

**Comments**

Reviewed By: Date:

 TSL Manager/Designee