**Segment Audit Form**

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| **Segment Audit - Randomly selected Donor Units** | | | | |
| **Component Unit Number** | **ABO / Rh** | **Trauma Pack** | **Sequestered (Segments in retention bag)** | **Comments** |
|  | **Yes (Y) or No (N)** | **Yes (Y) or No (N)** | **(final disposition of RBC)** |
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Audit Performed By: Date: