*Affix Patient Label Here*

*Patient Name*

*MRN*

*Birth date*

Portable Refrigerator Response Log

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

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Whole Blood OR Red Blood Cells** | **Unit Number** | **Ecode**  **(If Unmatched)** | **Removed from Refrigerator**  **Time/Date** | **Visual Inspect OK**  **First Initial/Last Name** | **Returned**  **to Refrigerator**  **Time/Date** | **Returned to TSL Inventory Time/Date** | **Issued in SQ by TSL Tech Time/Date** |
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| **Plasma** |  |  |  |  |  |  |  |
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**Platelet or Thawed CRYO (In Room Temp 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_