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| **ISSUE** | **RETURN** |
| **Cooler #** | **Cooler Packed****Date and Time** | **Tech ID**  | **Patient Name** | **Location** | **Date/Time Issue** | **Date** | **Time** | **Tech ID** |
| **MRN** | **Full Name or EID of Clinical Staff** |
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* Complete all fields for each task. Unpack coolers upon return. Do not leave blood components to sit in a returned cooler.