|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |

* Complete all fields for each task. Unpack coolers upon return. Do not leave blood components to sit in a returned cooler.