

**BLOOD BANK │AURORA, IL PROC.#4840-BB-415.2F**

TITLE: Cooler Tracking Form

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CoolerNumber | Patient Name/MRN | Date | Pack Time | ExpirationTime | DispenseLocation | DispenseTime | Cooler return date/time | Compliant? Y or NIf no-describe reason |
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**Reviewed by / Date:**