

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

TITLE: Cooler Tracking Form

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Cooler  Number | Patient Name/MRN | Date | Pack Time | Expiration  Time | Dispense  Location | Dispense  Time | Cooler return  date/time | Compliant? Y or N  If no-describe reason |
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**Reviewed by / Date:**