

Indianapolis, IN 46202 Standard Operating Procedure Manual (SOP) – Transfusion Medicine

In-Hospital Cooler Sign Out Log

Form #:DRAFT BBCP – F 009.03

Manual: Components

Original Effective: 05/02/2012 Revised: 05/14/2024 Revision Effective: 05/20/2024

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Date	Time Ready	Expire Time	Cooler #	Patient Name	Ward	BB Staff	Replace	Return R
Completed by Transport/Pickup Staff and BB Staff								
Pickup Time	Pickup Staff Name (first initial & last name)			Patient Name & MRN for Pick up (Patient Clinic Label or Handwritten) BB Staff				
13:25	M. Kelly, RN			FIN: 001122334455 MRN: 00112233 NA: LAST, FIRST DOB: 01/01/1950 F DATE: 05/01/24 INPATIENT DOCTOR, DOCTOR				

Date	Time Ready	Expire Time	Cooler #	Patient Name	Ward	BB Staff	Replace	Return R
Pickup Time	Pickup Staff Name (first initial & last name)			Patient Name & MRN for Pick up (Patient Clinic Label or Handwritten) BB Staff				
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KEY: Returned = "R" to be entered in column when Cooler Returned to Blood Bank.