**BLOOD PRODUCT LABEL VALIDATION FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Critical Control Point** | **Original Face Label**  | **Label via Sunquest Blood Label Print** | **Label via Independent Hematrax Printer** | **Comments** | **Reviewed By Tech ID/ Date** |
| Facility ID Name |  |  |  |  |  |
| Facility ID City |  |  |  |  |  |
| Facility ID Zip Code |  |  |  |  |  |
| Facility ID FDA Reg. # |  |  |  |  |  |
| Donor Type: Volunteer, Directed, Autologous) |  |  |  |  |  |
| Product Code |  |  |  |  |  |
| Product Description |  |  |  |  |  |
| Product Anticoagulant |  |  |  |  |  |
| Product Storage Temp |  |  |  |  |  |
| Product Volume |  |  |  |  |  |
| Number of Products in Pool |  |  |  |  |  |

Attach Sunquest Blood Product Labels

Results: [ ] Acceptable [ ]  Unacceptable Comments

Signature/Transfusion Service Manager Date