

COMPONENT RETURN FORM

Date _____
 Hospital _____

I certify all units were continuously stored and monitored within the appropriate temperature range at our facility _____

Problem Components

Stock Returns

	UNIT#	EXP. DATE	COMP	ABO/RH
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

	UNIT	EXP. DATE	COMP	REASON
1				
2				
3				
4				
5				
6				
7				
8				

Reason:

- A. Wrong Exp Date
- B. Type Discrepancy
- C. Wrong Unit Number
- D. Wrong Component Label
- E. Positive DAT
- F. Broken/Hole in Tubing
- G. Clotted Lot# _____
- H. No Segments
- I. Hoxworth Request
- J. Other _____

Hospital (yellow) Hoxworth (white)