New York Blood Center Enterprises

Product Return Form

Form Instructions: *Use this form* ***ONLY*** *if you do not have access to BloodHub.* ***Credit for returned products will not be processed for customers with access.***	Hospital Name:	Date:	Destination:

Donation Number/ Lot Number	Blood Type	Product Code	Expiration Date	Return Code	Comments

Return Codes:	
1	Approved for Reissue
2*	**Incorrect Order**
3*	**Unit/Packing List Discrepancy**
4*	**ABO Rh Discrepancy**
5*	**Expiration Date Discrepancy**
6*	**Product Code Unacceptable**
7*	**Recall; Retrospective**
8	Rare Unit Retrieval
9	Positive Direct Antiglobulin
10	Antibody Present
11	Broken Bag
12	Clots/Hemolysis
35	Visual Inspection Failed
99	Other: Specify Reason in Comments

* **Hospital Services Should Be Notified Immediately For Above Starred Reasons**

To be completed on Receipt:

RECEIVED

Date:_____ Time:_____

Initials:_____

Temp:_____°C VI:_____

Deviation? ☐ No ☐ Yes ▼

If yes, #: _____

Form reviewed by:	Date:

FOR IN-DATED RETURNED PRODUCTS: In compliance with regulations and standards:

-The above product(s) approved for return to the NYBC have been stored, since receipt by this facility, under the required temperature and environment and in compliance with all applicable regulations and standards. In addition, platelets have been stored under continuous agitation.

-The above products have not been adulterated or marked in any way since receipt by this facility. If so, it is understood that this product would be considered unsuitable for redistribution and no credit would be issued should the product(s) be returned.

Name *(print)* :	Signature:	Title:	Date: