

## Prehospital Blood Box Tracking Record (BTR)

**This record must remain with its allocated box at all times**

**Box Reference Number:**

| Box Contents                           | Disposition (Circle and Date/Time)  |
|--|---|
| <b>PRBC:</b> Affix Unit Donation Label | Transfused / Wasted / Stock <b>Date:</b> ___/___/___ <b>Time:</b> ___:___ |
| <b>PRBC:</b> Affix Unit Donation Label | Transfused / Wasted / Stock <b>Date:</b> ___/___/___ <b>Time:</b> ___:___ |
| <b>FFP:</b> Affix Unit Donation Label  | Transfused / Wasted / Stock <b>Date:</b> ___/___/___ <b>Time:</b> ___:___ |
| <b>FFP:</b> Affix Unit Donation Label  | Transfused / Wasted / Stock <b>Date:</b> ___/___/___ <b>Time:</b> ___:___ |

**If unopened this box must be returned to QMC Blood Bank by:**

**Box Expiry Date:**

**Expiry Time:**

If found, please Telephone QMC Blood Transfusion Laboratory on:  
**01159 249924 (Ext 86007)**

**Box Packed By:**

|             |  |            |                  |
|-------------|--|------------|------------------|
| PRINT NAME: |  | Signature: | Signature of BMS |
| Date:       |  | Time:      |                  |

**Box OUT Collection & Transport (if applicable):**

|             |  |            |                      |
|-------------|--|------------|----------------------|
| PRINT NAME: |  | Signature: | Signature of Courier |
| Date:       |  | Time:      |                      |

**Clinical Team Receipt:**

|             |  |            |                        |
|-------------|--|------------|------------------------|
| PRINT NAME: |  | Signature: | Signature of Clinician |
| Date:       |  | Time:      |                        |

**Clinical Team Handover Receipt (if applicable):**

|             |  |            |                        |
|-------------|--|------------|------------------------|
| PRINT NAME: |  | Signature: | Signature of Clinician |
| Date:       |  | Time:      |                        |

**Box RETURN Collection & Transport (if applicable):**

|             |  |            |                      |
|-------------|--|------------|----------------------|
| PRINT NAME: |  | Signature: | Signature of Courier |
| Date:       |  | Time:      |                      |

**Blood Bank Receipt:**

|             |  |            |                  |
|-------------|--|------------|------------------|
| PRINT NAME: |  | Signature: | Signature of BMS |
| Date:       |  | Time:      |                  |