

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)
PRBC: Affix Unit Donation Label	Transfused / Wasted / Stock Date: ___/___/___ Time: ___:___
PRBC: Affix Unit Donation Label	Transfused / Wasted / Stock Date: ___/___/___ Time: ___:___
FFP: Affix Unit Donation Label	Transfused / Wasted / Stock Date: ___/___/___ Time: ___:___
FFP: Affix Unit Donation Label	Transfused / Wasted / Stock Date: ___/___/___ Time: ___:___

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

Box Expiry Date:

Expiry Time:

If found, please Telephone UHCW Blood Transfusion Laboratory on: **02476965322**

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:	