

PLEASE READ THESE INSTRUCTIONS PRIOR TO COMPLETING THIS FORM

1. Shipping Location to complete top portion of form and retain Pink copy.
2. Send form with units for transport.
3. Receiving Location to complete all shaded areas and retain Yellow copy.
4. Send original form with all sections complete to LifeStream

Transfer Document

Transfer From:	Transfer To:
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Reason for Transfer

Stock Exchange
 Transfer – Hospital to Hospital
 Other: _____

	Unit Number	ISBT Code	ABO/Rh	Outdate
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

I certify that the blood components shipped to another facility have been kept under the appropriate conditions as defined by AABB Standards while at this facility.
Signature: _____

LIFESTREAM USE ONLY
Driver Signature: _____ Date: _____ Time: _____
All Products Must Be Unpacked Within 24 Hours

Receiving Location		
Received By:	Date:	Time:
Received in Acceptable Condition <input type="checkbox"/> Yes <input type="checkbox"/> No		
Received By Signature:		

Data Entry Initials/Date:	Reviewed By:
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