



TRANSFUSION SERVICE COMPONENT DISPOSITION FORM

Section I

Hospital: «Hospital_Name»

Lookback Case ID:

Table with 5 columns: Unit Number, ABO Type, Date Drawn, Product, Date Shipped

Section II

Check the appropriate disposition:

- 1. Transfused: Date of transfusion:
2. Expired or destroyed: Date of expiration and destruction:
3. Currently in stock and will be: Destroyed (Date): Returned to LifeStream (Date): Used (Please justify):
4. Transferred to another transfusion service: Name: Contact: Phone number:
5. Records no longer available.

Completed by: Signature:

Title: Date:

Section III

Please complete and return this form by fax to:

Medical Surveillance Department
LifeStream
384 West Orange Show Road
San Bernardino, CA 92408
Fax: 909.386.6817

Thank you.