

**MEMORANDUM FOR RETURN OF BLOOD PRODUCTS**

\*Please use separate return for quarantines and different component product types\*

Facility: \_\_\_\_\_ Date: \_\_\_\_\_

	BLOOD OR COMPONENT NUMBER	COMPONENT	GROUP & RH	EXP. DATE	REASON FOR RETURN
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

<b>HOSPITAL</b> I certify that the blood products returned to LifeStream have been kept at the appropriate temperature as defined by AABB Standards while at this facility.	
Name: _____ <small>(Please sign name in full)</small>	Date/Time: _____

**LIFESTREAM**  
 Picked up and Inspected by: \_\_\_\_\_ Date/Time Picked up: \_\_\_\_\_