



**TRANSFUSION SERVICE
COMPONENT DISPOSITION FORM**

Section I

Hospital: «Hospital_Name»

Lookback Case ID:

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.