TRANSFUSION SERVICE
COMPONENT DISPOSITION FORM

Section I
Hospital: «Hospital_Name»
Lookback Case ID:

<table>
<thead>
<tr>
<th>Unit Number</th>
<th>ABO Type</th>
<th>Date Drawn</th>
<th>Product</th>
<th>Date Shipped</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.