

<b>QUALITY FORM</b>	<b>Document Number:</b>	<b>TM/HSA/CT/WI-005a</b>
<b>TITLE: RECORD OF RETURN UNUSED BLOOD PRODUCT</b>		
<b>Transfusion Medicine, Hospital Sultanah Aminah Johor Bahru</b>	<b>Version number :</b>	<b>1.0</b>
	<b>Page number :</b>	<b>1 of 1</b>
	<b>Date issued :</b>	<b>7<sup>th</sup> May 2018</b>

**I. PATIENT DETAIL**

<b>Full Name :</b>	<b>RN :</b>
<b>IC number :</b>	<b>Ward/Dept :</b>
<b>Specialist :</b>	<b>Diagnosis :</b>

**II. BLOOD PRODUCT DETAIL**

No	Type of product	Blood bag number	Date & time return	Condition	Reason of return unused
				Pre-warm <input type="checkbox"/>	Minimal bleeding intraoperatively <input type="checkbox"/>
				Optimum storage <input type="checkbox"/>	Other reason: <input type="checkbox"/>
				Suitable for recycle <input type="checkbox"/>	Please specify.....
				Not suitable for recycle <input type="checkbox"/>	
				(*If not suitable, Please inform Blood Bank MO)	
					Already spoken to MO oncall, Dr.....
					for reservation:
					24 hours <input type="checkbox"/>
					48 hours <input type="checkbox"/>

**NOTE:**

*The above information are very important for us to decide whether the blood product is suitable for recycle. All unused blood product MUST BE RETURNED IMMEDIATELY to Blood Bank to avoid wastage.*

**“SAFE BLOOD STARTS WITH ME”**

Medical officer who confirmed that the blood product/s is/are not required:  ..... Name: Date & time: Speed dial:	Ward staff who returned the blood product to Blood bank:  ..... Name: Date & time: Ward extension number:
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**----- FOR BLOOD BANK USE ONLY -----**

Date & time received	:		Blood Bank MO/Specialist notes/comment (if any):
Temperature range	:		
Duration	:		
MLT in-charged	:		
			Name & signature: Date:

