

	HOSPITAL SULTAN ABDUL AZIZ SHAH UNIVERSITI PUTRA MALAYSIA Document Code: HSAAS/PATO/BR155
RECORD OF RETURN UNUSED BLOOD PRODUCT FORM	

I. PATIENT DETAILS

Full Name :	MRN :
IC number :	Ward/Dept :
Specialist :	Diagnosis :

II. BLOOD PRODUCT DETAILS

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"/>	
				Suitable for reused <input type="checkbox"/>	Blood bag not in optimum condition <input type="checkbox"/>
				Not suitable for recycle <input type="checkbox"/> <i>(*If not suitable, Please inform Blood Bank MO)</i>	Other reason: <input type="checkbox"/> Please specify :

NOTE:
*The above information is 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 & stamp: Date & time: Speed dial:	Ward staff who returned the blood product to Blood bank: Name & stamp: Date & time: Ward extension number:
--	--

-----FOR BLOOD BANK USE ONLY-----

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