

Shepard Community Blood Center, 1533 Wrightsboro Road, Augusta, GA 30904-4098	G2.2F
BLOOD SHIPMENT TEMPERATURE REPORT	REV: 033123

SECTION A: TO BE COMPLETED BY SHEPEARD COMMUNITY BLOOD CENTER						
Component Shipped: (circle)	Red Blood Cells	Platelets	Frozen Plasma	Frozen Cryo		
Container: (circle)	R/W Cooler	12x12x12 Box	15x15x15 Box	Red Tote		
Facility Distance: (circle)	DEL1	DEL2	DEL3	DEL4	DEL5	EXPORT
Date Shipped:	Time Shipped:		Shipped by:			

SECTION B: TO BE COMPLETED BY RECEIVING FACILITY						
Facility Name:						
Date Received:			Time Received:			
If you received Red Blood Cells or Platelets, complete the corresponding column below						
	Red Blood Cells			Platelets		
Temp at receipt	_____°C			_____°C		
Ice remaining? (circle)	YES	NO	N/A FOR PLATELETS			
Shipment acceptable? (circle)	YES	NO	YES	NO		
<i>Acceptable range</i>	<i>1-10°C</i>			<i>20-24°C</i>		
If you received Frozen Plasma or Cryo, complete the corresponding column below						
	Frozen Plasma			Frozen Cryoprecipitate		
Frozen state at receipt (circle)						
FS – Frozen solid	FS	NFS	FS	NFS		
NFS – Not frozen solid						
Ice remaining? (circle)	YES	NO	YES	NO		
Shipment acceptable? (circle)	YES	NO	YES	NO		
<i>Acceptable frozen state</i>	<i>Frozen solid*</i>			<i>Frozen solid*</i>		
* Frozen solid is defined as having no pliable areas. Frost accumulation is acceptable.						

After completion of Section B, please fax back to Shepard: 706-842-7000

**If the temperature is unacceptable,
please contact the Distribution Manager immediately at 706-733-6760**

SECTION C: TO BE COMPLETED BY SHEPEARD COMMUNITY BLOOD CENTER	
Distribution Manager Review:	Date:
Technical Services Director Review:	Date: