

Shepard Community Blood Center
 1533 Wrightsboro Road, Augusta, GA 30904 (706) 737-4551

TO: _____
 FROM: _____

MANUAL SHIPMENT INVOICE

Unit Number	ABO Type	Product Code *	Expiration Date	Comments
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

***Use Product Code obtained from unit label (E#####)**

Shipped Products

I certify that the units of blood listed above have been stored continuously at the recommended temperature prior to and during shipment.

Name: _____ Date: _____ Time: _____

Returned Products

All units examined and found satisfactory at receipt

Name: _____ Date: _____ Time: _____

Data entered into Center computer

Name: _____ Date: _____ Time: _____