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| **BLOOD REFRIGERATOR TEMPERATURE RECORD CHART-COPY TO LABORATORY FORM** |

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| **Hospital:** | **Contact**  **Phone** |
| **Copy sent to lab name:**  **Address**  **Telephone: Fax:** | **Date/time sent** |
| **Sent by**  **Name: Signature: Title:** | |
| Position completed Blood refrigerator temperature chart in this space and photocopy  Send copy to your Transfusion Laboratory for checking.  Archive copy with Blood Refrigerator records. | |
| **SAMPLE ONLY DO NOT USE** | |
| **Transfusion Laboratory USE ONLY**  Temperature chart check Passed □ Fail □  Store this hospital blood refrigeration temperature chart record sheet appropriately. NATA may require viewing for audit  Checked by……………………………………………Signature: ………………………………………….Date: …………………….Time: ………... | |