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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 photocopySend 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: ………... |