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| **Blood Refrigerator Temperature Record Chart –** **Copy to Transfusion Laboratory form** |

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| **Hospital/health service:** | Contact:Phone: |
| **Copy sent to (laboratory name):**Date/time sent: | Address:Telephone: Fax/email:  |
| **Sent by:**Name: Title: | Signature: |

Place completed blood refrigerator temperature chart in space below and photocopy.

Send copy to your Transfusion Laboratory for checking.

Archive copy with blood refrigerator records.

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|  **SAMPLE ONLY DO NOT USE**Example of blood refrigerator temperature record chart |
| **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: ……….….. |