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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: ……….….. |