**PBCFR / HCD UNIT NUMBER:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **BLOOD UNIT NUMBER:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE RECEIVED FROM BLOOD BANK:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **DATE RETURNED TO BLOOD BANK:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE ADMINISTERED TO PATIENT:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **INCIDENT NUMBER:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Whole Blood Storage Possession** | **Date** | **AM Temp Check** | **Time** | **Signature** | **PM Temp Check** | **Time** | **Signature** |
| **Day #1** |  |  |  |  |  |  |  |
| **Day #2** |  |  |  |  |  |  |  |
| **Day #3** |  |  |  |  |  |  |  |
| **Day #4** |  |  |  |  |  |  |  |
| **Day #5** |  |  |  |  |  |  |  |
| **Day #6** |  |  |  |  |  |  |  |
| **Day #7** |  |  |  |  |  |  |  |
| **Day #8** |  |  |  |  |  |  |  |
| **Day #9** |  |  |  |  |  |  |  |
| **Day #10** |  |  |  |  |  |  |  |
| **Day #11** |  |  |  |  |  |  |  |
| **Day #12** |  |  |  |  |  |  |  |
| **Day #13** |  |  |  |  |  |  |  |
| **Day #14** |  |  |  |  |  |  |  |
| **Day #15** |  |  |  |  |  |  |  |
| **Day #16** |  |  |  |  |  |  |  |
| **Day #17** |  |  |  |  |  |  |  |
| **\*\* Day #18 \*\*** |  |  |  |  |  |  |  |
| **Day #19** |  |  |  |  |  |  |  |
| **Day #20** |  |  |  |  |  |  |  |
| **Day #21** |  |  |  |  |  |  |  |