



## Example Document

### TITLE

Please initial when complete. Do not leave blank fields, use N/A if not applicable

<b>Name</b>	<b>Date:</b>
<b>Date of Birth:</b>	<b>BB number</b>
<b>Hospital number</b>	<b>DIN (if applicable)</b>
<b>Supplier</b>	<b>Product</b>

Please initial when completed. Do not leave blank fields, use NA if not needed.

**Manufacturer's product specific instructions must be checked and carried out on receipt.  
Relevant forms should be printed and completed.**

<b>Batch number(s):</b>		
<b>Dewar serial number:</b>		
<b>Shipper ID:</b>		
Date Received:	Time:	
Delivered by:	Received by:	
<b>Confirmatory Checks</b>	<b>Performed by</b>	<b>2<sup>nd</sup> check</b>
Delivery details on shipper label and waybill checked		
Order number/Batch number correct		
Shipper details, labels and condition checked		
Tamper-evident ties intact?		
Pouch located inside with zip ties and return paperwork		
Logger temperature/status checked		
Shipper warning lights/alarms checked (if applicable)		
Serialised zip tie matches the shipper certification form <i>Serialised zip tie number –</i>		
Shipper certification form photocopied		
Apheresis material packaging kit contents checked: <ul style="list-style-type: none"> <li>• Zip ties</li> <li>• Dry shipper container label</li> <li>• Metal cassettes</li> <li>• Inner leak-proof polybag</li> <li>• Absorbent sheet</li> <li>• Tyvek bag</li> </ul>		