



**CHECKLIST FOR THE RECEIPT OF EMPTY DRY SHIPPER**

**Patient name**  
**Patient number**  
**Date of birth**

**DATE**  
**BB number**

**Supplier**

**Product**

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

**Manufacturers product specific instructions must be checked prior to receipt and carried out on receipt. Relevant forms should be printed and completed**

<b>Batch number(s):</b>		
<b>Dewar serial number:</b>		
Time Received:	Date	
Delivered by	Received by	
<b>Confirmatory checks</b>	<b>Performed by</b>	<b>2<sup>nd</sup> check</b>
Delivery details on shipper label or weigh bill checked		
Batch number correct		
Shipper details, labels and condition checked		
Tamper-evident ties intact?		
Located pouch with zip ties and dry shipper container label in shipper container		
Logger temperature/status checked		
Shipper warning lights/alarms checked		
Serialised zip tie inside shipper matches the number listed on the shipper certification form		
Serialised zip tie number -		
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> </ul>		

<ul style="list-style-type: none"><li>• Absorbent sheet</li><li>• Tyvek bag</li></ul>		

SAMPLE