
Checklist for receipt of empty shipper

Organisation: Christie Pathology Partnership

Document version number: V3

Date written: 11/06/21

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Example Document

TITLE

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

Name	Date:
Date of Birth:	BB number
Hospital number	DIN (if applicable)
Supplier	Product

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.**

Batch number(s):		
Dewar serial number:		
Shipper ID:		
Date Received:	Time:	
Delivered by:	Received by:	
Confirmatory Checks	Performed by	2nd check
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"> • Zip ties • Dry shipper container label • Metal cassettes • Inner leak-proof polybag • Absorbent sheet • Tyvek bag 		