



Hospital: _____

San Diego Blood Bank
 3636 Gateway Center Avenue, Suite 100
 San Diego, CA 92102
 Phone: 619-400-8250, Fax: 619-725-3017

(BPA) Aerobic Bottle Lot# _____ Expiration Date: _____ Packed: _____ (Date / Time / Initials)

(BPN) Anaerobic Bottle Lot# _____ Expiration Date: _____ Packed: _____ (Date / Time / Initials)

Component Information		Sample Information				(SDBB Staff only)
Donation # (DIN)	Collection Date / Time	Sample Date / Time	(BPA) Aerobic Bottle ID #	(BPN) Anaerobic Bottle ID #	Initials	Loaded by / Date / Time

This Section - SDBB Use Only

Shipment Received (Date/Time): _____ Shipment Acceptable (mark one): YES NO
 Number of Bottles in Shipment: _____ Shipment Received by: _____