



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

Shipping Facility \_\_\_\_\_ Packed: \_\_\_\_\_  
 (Date / Time / Initials)

Component Information				Initials/ Date	(SDBB Staff only)
Donation # (DIN)	Component Code	Unit volume (mL)	Leukocyte reduction Date &Time		rWBC Performed Date/Time/Initials

**This Section - SDBB Use Only**

Shipment Received (Date/Time): \_\_\_\_\_ Shipment Acceptable (mark one):  YES  NO  
 Number of Samples in Shipment: \_\_\_\_\_ Shipment Received by/Date: \_\_\_\_\_