Title: rWBC Sample Worksheet

Number: FRM-0281 San Diego Blood Bank

Version: 1

Effective Date: see cover sheet

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:					
_				(Da	te / Time / Initials)	
Component Information					(SDBB Staff only)	
Donation # (DIN)	Component Code	Unit volume (mL)	Leukocyte reduction	Initials/ Date	rWBC Performed	
			Date &Time		Date/Time/Initials	
		This Section -	SDBB Use Only			
Chinmont Descived (Ooto/Timo):	ilis Section -	-	oontable (mark one)		
Shipment Received (Date/Time):				Shipment Acceptable (mark one): YES NO		
Number of Samples in Shipment:			Shipment Re	Shipment Received by/Date:		