



## Completing a Transport Container Slip

### 1. APPLICABILITY

This document applies to all nursing, medical, and allied health staff responsible for taking out and putting in blood components from transport containers for transfusion.

**Note:** See referenced lab bulletin ([Blood Transport Container Slip](#)) for rationale

ALBERTA PRECISION  
LABORATORIES  
Leaders in Laboratory Medicine

Transport Container Slip

LABORATORY TO COMPLETE

Transport Container #: \_\_\_\_\_ MHP Kit#: \_\_\_\_\_

Return to TM by: *Issue time + 8 hrs*

Patient Name: *May apply patient label*

MRN: \_\_\_\_\_

TSIN: \_\_\_\_\_

Initial Patient Location: \_\_\_\_\_

|                   |  |
|-------------------|--|
| # RBC units:      |  |
| # Plasma units:   |  |
| # Platelet units: |  |

CLINICAL: Complete if Units Remain in Box

| Patient Location   | 1 <sup>st</sup>   | 2 <sup>nd</sup>   | 3 <sup>rd</sup>   |
|--|---|---|---|
| Have any of the remaining units been removed for more than 60 minutes*?<br><i>*If Yes, call TM</i> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Complete row if sending kit to new PCU (i.e. not returning to TM)                                  | (As above)  | Patient Location  | Patient Location  |
| #RBC Remaining   |   |   |   |
| #Plasma Remaining  |   |   |   |
| #Platelets Remaining   |   |   |   |
| Initials   |   |   |   |

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Completed by Lab

Return transport container to TM lab by this time.

Patient Care Unit to where the transport container is issued.

Transport container contents.

- Initial patient location: complete 1<sup>st</sup> column.  
- Next patient location: complete 2<sup>nd</sup> column, etc.

**Complete** if any units placed back in the transport container had been out of transport container for longer than 60 min.

**To be completed** by receiving patient care unit.

**Record** number of units remaining in transport container at prior to patient handover or return to TM lab.

**Record** your initials.

Completed by Clinical Staff

### 2. CONTACT INFORMATION

Questions may be directed to the Transfusion Safety Team ([Transfusion.SafetyTeam@aplabs.ca](mailto:Transfusion.SafetyTeam@aplabs.ca)) or the Transfusion Medicine Laboratory.

### 3. REFERENCES

- [Blood Transport Container Slip](#), Laboratory Bulletin. 20 FEB 2024.
- TM16-10.002F01 Transport Container Slip