



Albumin Details To be completed from the product label upon receipt						Patient Details To be completed when product is received or issued				Product Fate To be completed anytime product is REMOVED from or RETURNED to fridge.									
Date		Manufactu	urer			Surname			Is	Date	Time	Ward		Fate C	ode (C	ircle)		Sign and Print Name	
Time		Expiry				First Name			1				RTS	RTF	DAM	EXP	IS		
Path Lab (Circle)	SA Path	Abbott	AustC	linLabs	Clinpath	DOB			1				RTS	RTF	DAM	EXP	IS		
Batch Number			Coi	nc. 4%	20%	MRN			2				RTS	RTF	DAM	EXP	IS		
Print and Sign	nd Sign					Left Blank Intentionally			2				RTS	RTF	DAM	EXP	IS		
Date		Manufacturer				Surname			Date	Time	Ward		Fate C	ode (C	ircle)		Sign and Print Name		
Time		Expiry				First Name			1				RTS	RTF	DAM	EXP	IS		
Path Lab (Circle)	SA Path	Abbott AustClinLabs Clinpath			DOB			'				RTS	RTF	DAM	EXP	IS			
Batch Number		Conc. 4% 20%			MRN		2				RTS	RTF	DAM	EXP	IS				
Print and Sign						Left Blank Intentionally			2				RTS	RTF	DAM	EXP	IS		
Date		Manufactu	urer			Surname				Date	Time	Ward		Fate C	ode (C	ircle)		Sign and Print Name	
Time		Expiry			First Name] ,[RTS	RTF	DAM	EXP	IS			
Path Lab (Circle)	SA Path	Abbott AustClinLabs			Clinpath	DOB			Į.				RTS	RTF	DAM	EXP	IS		
Batch Number			Coi	nc. 4%	20%	MRN			2				RTS	RTF	DAM	EXP	IS		
Print and Sign	nd Sign				Left Blank Intentionally			2				RTS	RTF	DAM	EXP	IS			
Date		Manufacti	urer		Surname				Date	Time	Ward		Fate C	ode (C	ircle)		Sign and Print Name		
Time		Expiry				First Name							RTS	RTF	DAM	EXP	IS		
Path Lab (Circle)	SA Path	Abbott	AustC	linLabs	Clinpath	DOB			Į.				RTS	RTF	DAM	EXP	IS		
Batch Number	Conc. 4% 20%					MRN							RTS	RTF	DAM	EXP	IS		
Print and Sign							Left	Blank Intentionally	2				RTS	RTF	DAM	EXP	IS		
													ward name / number, RTS: Return to Supplier, RTF: Return to EXP: Expired, IS: Incorrect Storage						
	Albumin 20% in 10mL MUST be stored 2-8°C all other Albumin Solutions must be stored below 30°C. Do not freeze. If product is no longer													Hospital Quality Delegate Review					
required please	required please contact your Transfusion Service Laboratory.													e Nam	e:		Ŭ		
Albumir	Albumin Solutions												Priı	nt Nam	ne:				
Albumii													Sig	n:				Designation:	
South Australian Pub	outh Australian Public Hospitals Retention Disposal Schedule require this form to be archived and stored for 20 years by the health unit												Co	ntact N	lo:			V	