



rWBC Sample Worksheet

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: _____