

## Component Modification Request Form

Send Products To: San Diego Blood Bank - Hospital Services. 3636 Gateway Center Avenue, Suite 100 San Diego, CA 92102

**Section 1: To be filled out by Hospital staff sending units to SDBB to be modified.**

Hospital: \_\_\_\_\_ Lab Tech: \_\_\_\_\_ Date: \_\_\_\_\_ Priority: \_\_\_\_\_  
 Courier: \_\_\_\_\_ Temp. @ Shipment (°C): \_\_\_\_\_ Time: \_\_\_\_\_  STAT  
 Contact Phone # (if available): \_\_\_\_\_  Routine

**Section 2: Units to be Modified**

Donation Identification Number (DIN)	Component Code (ECode)	Modification Requested* (I-L-W, or write-in)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

\*Modification Requested - Abbreviation Key: I = Irradiation, L = Leukoreduction, W =Washed (or enter the desired modification).

**Section 3: To be filled out by SDBB Hospital Services staff when the units arrive.**

Units Arrival Date: \_\_\_\_\_ % Coolant Remaining: \_\_\_\_\_ Temp. Upon Arrival (°C): \_\_\_\_\_  
 Units Arrival Time: \_\_\_\_\_ Are the Units Viable:  Yes  No Units Imported by: \_\_\_\_\_  
 **Customer does not want updated labels following modification**

**Section 4: To be filled out by SDBB Hospital Services staff**

Shipping Date: \_\_\_\_\_ Shipment ID #: \_\_\_\_\_ Temp. @ Shipment (°C): \_\_\_\_\_  
 Shipping Time: \_\_\_\_\_ Form Completed by: \_\_\_\_\_ Courier: \_\_\_\_\_

**Section 5: Additional Comments**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Form Reviewed by: \_\_\_\_\_ Signature / \_\_\_\_\_ Staff ID# \_\_\_\_\_ Date: \_\_\_\_\_