



### BacT/ALERT Sample Worksheet

San Diego Blood Bank  
3636 Gateway Center Avenue, Suite 100  
San Diego, CA 92102  
Phone: 619-400-8250, Fax: 619-725-3017

Hospital: \_\_\_\_\_

Culture Bottle Lot# \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Packed: \_\_\_\_\_  
(Date / Time / Initials)

Component Information		Sample Information			(SDBB Staff only)
Donation # (DIN)	Collection Date / Time	Sample Date / Time	Bottle ID#	Initials	Loaded by / Date / Time

**This Section - SDBB Use Only**

Shipment Received (Date/Time): \_\_\_\_\_

Shipment Acceptable (mark one):  YES  NO

Number of Bottles in Shipment: \_\_\_\_\_

Shipment Received by: \_\_\_\_\_