This contains Human blood products believed not to contain infectious substances

 RETURN TO: Transfusion Medicine Laboratory

<Insert Hospital Name>

<Insert Hospital Address

 Contact Person: <Insert Contact Name>

Shipped by:

Laboratory

<Insert Hospital Name>

<Insert Hospital Address>

Fold Line

Fold Line

Packed by:

Laboratory

<Insert Hospital Name>

<Insert Hospital Address>

This contains Human blood products believed not to contain infectious substances

 SHIP TO: Transfusion Medicine Laboratory

 <Insert Hospital Name>

 <Insert Hospital Address>

 Contact Person: <Insert Contact Name>