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| STOCK SERUM ALBUMINISSUING FORM **\*Temperature of Albumin storage location must be read and documented EVERY 4 hours when not being continuously monitored.**  **\*\* Visual inspection of Albumin must be documented prior to transfusion** | | | Date Issued: | | | | | Date form returned to Transfusion Service: | | | | |
| Visual inspection at time of issue: | | | | |
| Lot # and number of vials issued: | | | | | Number of vials transfused: | | | | |
| Lot # and number of vials issued: | | | | | Number of vials transfused: | | | | |
| Issued to (ward/location): | | | | | Number of vials remaining on ward (if any): | | | | |
|  | | | | | | | | | |
| Issued by (Tech.) | | | Received by (Ward staff) | | | | Signature (Ward staff) | | |
|  | | | | | | | | | | | | |
| \*Temp. | Date | Patient Name  If neonatal name is unavailable, indicate mother’s full name | | Unique Identifier | Albumin lot # | | Number of vials given | | Visual Inspection\*\* | | Ordering  Physician | Nurse |
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Visual Inspection of Albumin: If any breaks in product container or seal are noted, or if any unusual particulate or turbulence is seen, DO NOT TRANSFUSE the product. Inform the Transfusion Service and return product to them immediately.

Transfusion Service Laboratory phone #: