

**CREDIT REQUEST
UNACCEPTABLE PRODUCT RETURN FORM**

Documents ID CHF101 Version 1.0 Effective Date 3-10-17

Facility Name _____ **Date** _____

Unit Number	Product	Type	Reason

I verify that the products listed above have been maintained at the appropriate storage temperature while at this facility.

Signature _____ **Date** _____

Return form with products to:

Marsh Regional Blood Center
Attn: Donor Processing
111 West Stone Dr. Suite 300
Kingsport, TN 37660
Phone – 423-408-7533
Fax – 423-408-7542

For Marsh Use

Units placed on quarantine shelf by _____ Date/Time _____

Date forwarded to Robin Cross _____