

HOSPITAL TO MARSH TRANSFER FORM
DOCUMENT ID CHF106 VERSION 1.0 EFFECTIVE DATE 3-1-18

Transfer Details

Shipper (facility transferred from) _____

Transfer Date _____ Time _____

Products Shipped

Unit Number	Component	ABO/Rh Type	Expiration Date	Transportation (Specify company or individual)
				Courier
				Cab
				Other (specify)

Transfer Acknowledgement

Transferring Hospital Representative

I have inspected each of the units listed above and determined that each one is suitable for shipment. All products in this shipment have been maintained at the appropriate temperature prior to shipment.

Name _____ Title _____

Signature _____ Date _____

Shipper: 1. Send 1st copy to MRBC with the shipment.
2. Retain the second copy for your files.

Marsh Representative

I have inspected the shipment and determined that the temperature on receipt of the shipment is acceptable.

Name _____ Date _____

Signature _____ Temperature on receipt _____

Receiver: 1. Complete receiving information on form.
2. Route completed form to Robin Cross.