

AHP Requests - Red Cell Irradiation Time Request

Parent document: SOP-00070

This form is initiated by the AHP when the Red Cell irradiation time is required

AHP name			AHP staff name	
AHP contact details	Phone	Email	Date of request	

REQUESTER TO COMPLETE				LIFEBLOOD TO COMPLETE	
Unit DIN # <small>(record entire DIN, including any flag or check characters)</small>	Blood component (as described on the label)	Expiry date	AHP staff initials	Irradiation date	Irradiation time ¹

Please return this form to your local Lifeblood depot - Click on the email hyperlink below and the completed form will automatically attach into an email

Depot	NSW / ACT / NT	QLD	SA	VIC / TAS	WA
Email	Despatch@redcrossblood.org.au	customerserviceQLD@redcrossblood.org.au	DL-SACustomerServiceDelivery@redcrossblood.org.au	customerserviceVIC@redcrossblood.org.au	customerserviceWA@redcrossblood.org.au
Fax	(02) 9234 2050	(07) 3838 9400	(08) 8422 1302	(03) 9694 0245	(08) 9221 1215

LIFEBLOOD TO COMPLETE			
AHP notified by	Name	Signature	Date

¹ Irradiation time is determined from the Lifeblood Visual Inspection process and is accurate to within 5 minutes