WE ARE BLOOD

Product Credit Request Form

Instructions:

1. Complete all information for products for which credit is being requested. Generally, the following products are eligible for credit. **Please do not request credit for products that fall outside of these general guidelines without prior approval from We Are Blood.**
    a. Non-O RBCs that expire.
    b. Platelets received on the day of expiration.
    c. Platelets received with a note on the shipping report indicating that they are eligible for credit if they expire.
    d. Defective units (clotted, broken bag, etc)
2. **Attach proof of discard for all products that includes the discard reason.**

Hospital:					**Requested By:**		**Date:**	
Hospital Customers: Please complete this section						**This section completed by WrB**		
BUN	**ISBT Product Code**	**ABO/ Rh**	**Expiration Date**	**Date Received**	**Reason for Credit Request**	**Credit Approved Y/N**	**Initials/ Date**	**Comments**
					☐ Expired/Discarded at Hospital ☐ Broken Bag ☐ Other _______________			
					☐ Expired/Discarded at Hospital ☐ Broken Bag ☐ Other _______________			
					☐ Expired/Discarded at Hospital ☐ Broken Bag ☐ Other _______________			
					☐ Expired/Discarded at Hospital ☐ Broken Bag ☐ Other _______________			
					☐ Expired/Discarded at Hospital ☐ Broken Bag ☐ Other _______________			
					☐ Expired/Discarded at Hospital ☐ Broken Bag ☐ Other _______________			

This section completed by WrB	
Computer processing of approved credits completed by/date:	☐ N/A
Hospital notification of credit denial:	Notified _________________ on __________________ by (initials) ___________ ☐ N/A

Effective 03-31-21