		SHIPPIN	IG INVENTORY	OF BLOOD PR	RODUCTS			
			TO BE COMPLE	TED BY SHIPPEI	7			
DATE OF SHIPMENT (YYMMDD)			TIME PACKED		SHIPPING CONTAINER NUMBER (Box Number)			
NAME OF SHIPPER				NAME OF RECEI	VER			
MAILING ADDRESS OF SHIPPER (Enter Zip Code if appl			cable)	MAILING ADDRESS OF RECEIVER (Enter Zip Code if applicable)				
UNIT NUMBER	BLOOD TYPE (ABO & Rh)	KIND OF PRODUCT*	EXPIRATION DATE (YYMMDD)	UNIT NUMBER	BLOOD TYPE (ABO & Rh)	KIND OF PRODUCT*	EXPIRATION DATE (YYMMDD)	
1.				16.				
2.				17.				
3.				18.				
4.				19.				
5.				20.				
6.				21.				
7.				22.				
8.				23.				
9.				24.				
10.				25.				
11.				26.				
12.				27.				
13.				28.				
14.				29.				
15.				30.				
			TOTALS FOR EA	ACH BLOOD TYP	E		I.	
O Positive	O Positive A Positive		B Positive			AB Positive		
O Negative	O Negative A Negative		B Negative			AB Negative		
			CERTIF	TICATION				
Regulations	rtify that the above I s. Each unit is non-ro to be satisfactory in	eactive for HBsA	and STS by FDA					
					Officer in charge of Blo	ood Donor Center (S	hipper)	
Temperature	upon receipt:	°C (place the		TED BY RECEIVER	ice in place for 5 minu	ites, open and read)		
Container ar		actory Unsatis	factory					
	Date Received (YYMMDD)			Time Received		Signature of Receiver		
				ON OF COPIES				
Origina	al - Receiver; First C	arbon - Military B	lood Program Offi	ce; Second Carbo	n - Return to Shipp	er; Third Carbon -	Shipper	

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Three letter product codes for the purpose of this shipping inventory are as follows:

KIND OF PRODUCT	CODE
Whole Blood (Human)	WBZ
Whole Blood (Human) Modified	WBM
Red Blood Cells (Human)	RCZ
Red Blood Cells (Human) Frozen	RCF
Red Blood Cells (Human) Deglycerolized	RCD
Cryoprecipitated Antihemophilic Factor (Human)	AHF
Platelet Concentrate (Human)	PPC
Single Donor Plasma (Human)	PSD
Single Donor Plasma (Human) Modified	PMZ
Single Donor Plasma (Human) Fresh Frozen	PFF
Single Donor Plasma (Human) Platelet Rich	PPR
Recovered Plasma (Human) Single Donor	PRS
Recovered Plasma (Human) Pooled	PRM