Hospital Services Request for Credit Report

INNOVATIVE BLOOD RESOURCES

Hospital: _____

Month/Year: _____

Email Report To: creditrequest@innovativeblood.org

Enter the unit # and the component code for each unit. Indicate the reason for credit.

TO BE COMPLETED BY IBR HOSPITAL CUSTOMER					TO BE COMPLETED BY BLOOD CENTER STAFF		
Unit #	Component	Reason for credit* (drop down)	Comment	Tech	Credit Amount	Approved Yes/No Reason	Entered √

*Reason for credit: Outdate, Short-date, Center requested Recalled, Post Donation Information, Market Withdrawal, SOOT / TTD, Look back, Out of Temp, broken

IBR Record Entered by / Date   IBR Record Reviewed by / Date

Additional Comments: