Memorial Blood Centers
St Paul, MN 55114-1739

Hospital Request for Credit Report

Hospital_____

Month/Year_____

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

Unit #	Component	Short-Date	Out-of-Temp	Broken	*MBC Request	Comment	Tech

* Recall
PDI (Post Donation Information)
Market Withdrawal
SOOT / TTD
Look back

Request for credit received on the first of the month or later will be credited on the following month's statement.

MBC Record Entered by_____ Date_____

MBC Record Reviewed by _____ Date_____

Additional Comments:

Form-IT-005.6 07/11