

I accept responsibility for the safe delivery of _____ vials of Glassia.

I will ensure Glassia is stored according to the Storage and Transport Instructions for Glassia on transport container.

Name: _____

Date: _____

Note: If patient is not picking up Glassia inventory, Letter of Authorization for Product Pick-up is required

Retained in transfusion Medicine Laboratory

Storage and Transport Instructions for Glassia

- Store between 2°C and 8°C
- Do Not Freeze
- Only leave in car during transport
- Store as soon as possible after pick up

Place on transport container