

HUMAN TISSUE RECEIVED LOG

**** ALL FIELDS MUST BE COMPLETED!!!****

Receiving Campus: ADC, CLC, Galv, LCC
(Please Circle One)

Please send completed form to The Charge Capture Team

PO#:	MRN#: (if known)
Tissue Supplier:	
Product Code & Description: (Reference Number)	
Serial Number/Tissue ID:	
Lot Number:	
Expiration Date:	
Received Time and Date:	_____: _____ AM/PM _____/ ____/ _____
Condition of Product → Is The Integrity Good? (Package good? No damage, Unopened etc.?)	
Temp. Of Product Maintained? (Example: Yes, on Ice)	
Tissue Received By: (Please print)	
Signature of Person Receiving:	

*** ATTACH COPY OF PO/INVOICE/DOCUMENTATION***

