

To:	Transfusion Services Managers
From:	Hospital Relations Department
Date:	October 30, 2023
Re:	New iWeBB Features – Returns/Credits/Transfers

Background

We are excited to announce that as of November 7, 2023, users will now be able to submit product returns, product transfers, and credit requests electronically via iWeBB. Additionally, iWeBB users can view specimen rejection reports and receive email notifications when a client memo is posted.

Impact to Clients

- Submission of routine product returns
- Submission of product returns for investigation
- Submission of product transfers to another facility
- Submission of credit request
- View specimen rejection reports
- Receipt of client memo notifications

Client Action

 Step by step instructions along with screenshots are provided for your review. Please ensure your staff has access to iWeBB. New users can self-register on the iWeBB login page.

Questions and Additional Information

There will be a scheduled iWeBB downtime on November 7, 2023, from 1000-1100 to implement these changes. Please contact the Distribution/Hospital Services department or Immunohematology Reference Lab via phone/fax during this time.

Please contact <u>hospitalrelations@carterbloodcare.org</u> with any questions.

Login to iWeBB - https://iwebb.carterbloodcare.org/Account/Login



Product Returns

To create a new return, navigate to the "Returns, Transfers, and Credits" page on the left side of the screen.

Carter BloodCare 🕓 Call Us: 81	7-412-5700				Home Ster	n Cell Calendar 💄 CR8045 👻 Log off
		iWeE carter bloodcare,	B Online Orders and Customer 2205 Highway 121, BEDFORD, TX 76021 (Customer ID: HS761	r Resources 04001) Order By: Christina Ramos		
Product Services		Blood Product Orders		Lab Service Orders		Customer Services
Order Blood Product Order Lab Service	Order Blood Prod	uct	Blood Product Orders From 08-14-2023 To 09-13-2023		Order Lab Service	– Memos
Blood Product Order History	Export to Excel	🖒 Refresh			Search	09-11-2023: demo test 02-15-2023: Title
Lab Service Order History	Order ID	Order Status	Order By	Order Date	Action	02-10-2023: demo test 02-10-2023: Email test 2
Returns, Transfers, and Credit History For All Facilities						Go More Memos »
Returns, Transfers, and Credits						+ Accreditation Certificates
Reports						+ Submit a customer incident
Reprint Pack List						
Reprint Return Slip Reprint Credit Memo						
Reprint Debit Memo						
Historical Antigen Results						
Submit Hospital Antigen Test Results						
Blood Utilization Report						

On the "Create Request" page, select "Return the Units" option and answer the question "Are the units defective?"

	iWeBB Online Orders and Customer Resources CARTER BLOODCARE, 2205 Highway 121, BEDFORD, TX 76021 (Customer ID: HS76104001) Order By: Christina Ramos
ack To Hom	Create Request
	These fields marked with * are required
	Basic Information
	Facility: CARTER BLOODCARE, 2205 Highway 121, BEDFORD, TX 76021
	Contact: Christina Ramos
	What would you like to do with the units? *
	Return the units O Request credit for the units O Transfer the units to another hospital
	Are the units defective (hemolysis, discoloration, recall, etc.)? *
	No, the units are not defective. O Yes, the units are defective.

NOTE: If you answer "yes" to this question, a Return for Investigation form will be initiated.

Enter the temperature range and component type to proceed to the unit information screen.

2	Transaction Information
	Return
	This facility certifies that, while in possession of the following blood components, proper storage conditions were maintained at:
	Temperature: *
	● 1-6 C ○ 20-24 C ○ -18 C or colder
	In accordance with AABB and FDA standards. The units have been inspected on the date of return and are free of visible hemolysis, clots, defects or abnormal appearance and have not been irradiated, manipulated, relabeled or modified by this institution in any way.
	Component Type: *
	● Red Blood Cells/Whole Blood ○ Platelet Products ○ Fresh Frozen Plasma/Cryo-Reduced Plasma ○ CRY/CRYO-POOL
	Continue

Enter the unit information and click "continue" to proceed. Unit information can be entered using a scanner or entered manually.

		Unit	t Information		
Scan or enter unit inf	formation. If manually	entering the units, please fill out	the check digit field (CD).		
W03522370088000	O+	E0336V00	5/3/2023 2	3:59 +	

NOTE: The user can add more units by clicking the "+" button.

The final comments window will open a free text box to allow the user to enter in any additional information. Click "submit" when finished to be directed to the summary page.

•	Final Confirmation
	Final Comments
	Contact Name: Christina Ramos By submtting this form, I certify that the information about the units and this transaction is
	correct and complete.

The summary page will remind the user to print the request form to include with the units. Click "Print Request Now" and provide the form to the courier during pickup.

Create New Request	Request Submitted Back To Home				
Carter BloodCare has been notified of your request and is now scheduled to pick up the units. Please prenare the units for pickup and include a printed request form with the units.					
Print Request Form Now					
Facility: CARTER BLOODCARE, 2205 Highway 121, BEDFORD, TX 76021					
acility: CARTER BLOODCARE, 2205 Highv	vay 121, BEDFORD, TX 76021				
acility: CARTER BLOODCARE, 2205 Highv ontact: Christina Ramos	vay 121, BEDFORD, TX 76021				
acility: CARTER BLOODCARE, 2205 Highv ontact: Christina Ramos equest Type: return equest Number: RQ-10253-0001	vay 121, BEDFORD, TX 76021				
acility: CARTER BLOODCARE, 2205 Highv ontact: Christina Ramos equest Type: return equest Number: RQ-10253-0001 lumber of units: 1	vay 121, BEDFORD, TX 76021				
acility: CARTER BLOODCARE, 2205 Highv ontact: Christina Ramos equest Type: return equest Number: RQ-10253-0001 lumber of units: 1	vay 121, BEDFORD, TX 76021	Unit Details			
acility: CARTER BLOODCARE, 2205 Highv ontact: Christina Ramos equest Type: return equest Number: RQ-10253-0001 lumber of units: 1 Unit Number	vay 121, BEDFORD, TX 76021 ABO/Rh	Unit Details	Product Code		

NOTE: If edits are needed, please call and speak with a Distribution/Hospital Services representative.

The return request is now complete.

		Return Details	
emperature: 1-6 C accordance with AABB and accordance or apportant	nd FDA standards. The units h	ave been inspected on the date of retu irradiated, manipulated, relabeled or r	urn and are free of visible hemolysis, nodified by this institution in any way
omponent Type: RBC/W I units below are collect	ed by Carter BloodCare and	have the prefix number W0352.	
omponent Type: RBC/W Il units below are collect	B ed by Carter BloodCare and	have the prefix number W0352.	
Unit # W03522370088000	B ed by Carter BloodCare and ABO/Rh	have the prefix number W0352. Unit Details Expiration Date 5/3/2023 23:59	Product Code E0336V00

Product Returns for Investigation

To create a new return, navigate to the "Returns, Transfers, and Credits" page on the left side of the screen.

Carter BloodCare 🕓 Call Us:	817-412-5700			Home Sten	n Cell Calendar 🛛 💄 CR8045 👻 Log off
	CART	iWeBB Online Orders and ER BLOODCARE, 2205 Highway 121, BEDFORD, TX 76021 (C	Customer Resources Sustomer ID: HS76104001) Order By: Christina Ramos		
Product Services	Blood F	roduct Orders	Lab Service Orders		Customer Services
Order Blood Product Order Lab Service	Order Blood Product	Blood Product From 08-14-2023 To (. Orders ₃₉₋₁₃₋₂₀₂₃	Order Lab Service	- Memos
Blood Product Order History	D Export to Excel			Q Search	09-11-2023: demo test
Lab Service Order History	Order ID Order Status	Order By	Order Date	Action	02-10-2023: demo test 02-10-2023: Email test 2
Returns, Transfers, and Credit History For All Facilities					Go More Memos >
Returns, Transfers, and Credits					+ Accreditation Certificates
Reports					+ Submit a customer incident
Reprint Pack List					
Reprint Return Slip					
Reprint Credit Memo					
Historical Antigen Results					
Submit Hospital Antigen Test Results					
Blood Utilization Report					

On the "Create Request" page, select "Return the Units" option and answer "yes" to the question "Are the units defective?".

ck To Hon	e Create Request
	These fields marked with * are required
1	Basic Information
	Facility: CARTER BLOODCARE, 2205 Highway 121, BEDFORD, TX 76021
	Contact: Christina Ramos
	What would you like to do with the units? *
	Return the units O Request credit for the units O Transfer the units to another hospital
	Are the units defective (hemolysis, discoloration, recall, etc.)? *
	○ No, the units are not defective. ● Yes, the units are defective.

Select the return reason, product type, and storage temperature to proceed.

2	Transaction Information
	Returns For Investigation
	Return Reason: * Hemolysis or Clot × •
	Product Type: *
	● Red Blood Cell/Whole Blood ○ Platelet Product ○ Cryo / Cryo Pool ○ Plasma ○ Other
	Temperature: *
	● 1-6 C ○ 20-24 C ○ -18 C or colder
	Continue

Enter the unit information and any final comments. Then press "Submit" when finished to go to the summary page.

3	Unit Information
	Scan or enter unit information. If manually entering the units, please fill out the check digit field (CD).
	W03522370086300 O+ E0167V00 4/12/2023 23:59 +
	Continue
9	Final Confirmation
	Final Comments
	Contact Name: Christina Ramos
	By submtting this form, I certify that the information about the units and this transaction is correct and complete.
	Submit

The summary page will remind the user to print the request form to include with the units. Click "Print Request Now" and provide the form to the courier during pickup.

Create New Request	R	Request Submitted		Back To Hom					
Carter BloodCare has been notified of your request and is now scheduled to pick up the units.									
Please prepare the units for pickup and include a printed request form with the units.									
Print Request Form Now									
acility: CARTER BLOODCARE, 2205 Highway 121, BEDFORD, TX 76021									
ontact: Christina Ramos									
iontact: Christina Ramos Request Type: returnFl									
Contact: Christina Ramos Request Type: returnFl Request Number: RQ-10253-0002									
Contact: Christina Ramos Request Type: returnFl Request Number: RQ-10253-0002 Number of units: 1									
Contact: Christina Ramos Request Type: returnFl Request Number: RQ-10253-0002 Number of units: 1		Unit Details							
Contact: Christina Ramos Lequest Type: returnFl Lequest Number: RQ-10253-0002 Jumber of units: 1 Unit Number	ABO/Rh	Unit Details Expiration Date	Product Code						

NOTE: If edits are needed, please call and speak with a Distribution/Hospital Services representative.

The Return for Investigation is now complete.

Carter BloodCare							
Return of Blood For Investigation Distribution Department - North, Central, & East Texas							
Return Details							
Facility: CARTER BLOODCARE, 2205 Highway 121, BEDFORD, TX 76021 Contact Name: Christina Ramos Returned to: Bedford (North Texas) Return Reason: Hemolysis or Clot Component Type: RBC/WB							
			Unit D	etails			
	Unit #	ABO/F	۲h	Expiration Date		Product Code	
1	W03522370086300	0+		4/12/2023 23:59		E0167V00	
his f	facility certifies that, while in posso perature: 1-6 C cordance with AABB and EDA sta	ession of the fo	blowing blood co	omponents, proper storage	conditions	were maintained at:	
his f emp acc ligna	facility certifies that, while in poss- perature: 1-6 C cordance with AABB and FDA sta ture: Christina Ramos ments:	ession of the fo indards. Date: 10/25/2	blood co 2023 8:35:43 AN	omponents, proper storage	conditions	were maintained at:	
This f emp acc ligna comr	facility certifies that, while in poss- perature: 1-6 C cordance with AABB and FDA sta tuture: Christina Ramos ments: Carter BloodCare Use Only	ession of the fo indards. Date: 10/25/2	2023 8:35:43 AN	omponents, proper storage	conditions of the second secon	were maintained at:	
This f emp acc ligna comr For pack	facility certifies that, while in poss- perature: 1-6 C cordance with AABB and FDA sta ture: Christina Ramos ments: Carter BloodCare Use Only Check here if returned by courier st ed properly.	ession of the fo indards. Date: 10/25/2 service &	Carter BloodCa Corter BloodCa Carter BloodCa Carter No E	amponents, proper storage 1 are Distribution Supervisor/ if unit is reflected on QSF5 DR Required.	Conditions	were maintained at:	
Temp account for For [] C pack Tem	facility certifies that, while in poss- perature: 1-6 C cordance with AABB and FDA stat ature: Christina Ramos ments: Carter BloodCare Use Only Carter BloodCare Use Only Check here if returned by courier st ked property. mperature of Shipment:	ession of the fo Indards. Date: 10/25/2 service & C.	Carter BloodCr () Check here Request. No E supervisor/des	omponents, proper storage t are Distribution Supervisor/ if unit is reflected on QSF5 DR Required. if LifeTrak return is perform ignee.	Designee 08.05 Com	were maintained at: nponent Quarantine/Discard	
This f emp according in according in according in according For pack Tem Emp Emp	facility certifies that, while in possi- perature: 1-6 C cordance with AABB and FDA sta sture: Christina Ramos ments: Carter BloodCare Use Only Check here if returned by courier a ked property. upperature of Shipment: sloyee Initials:	ession of the fo indards. Date: 10/25/2 service & C.	Carter BloodCr Carter	amponents, proper storage 1 are Distribution Supervisor/ if unit is reflected on QSF5 DR Required. if LifeTrak return is perform ignee.	Designee i08.05 Com ned by an H _ (or check	were maintained at: nponent Quarantine/Discard HSR and reviewed by here if N/A [])	
This f emp accontraction ilgna comr For [] C pack Tem Emp Emp Retu	facility certifies that, while in poss- perature: 1-6 C cordance with AABB and FDA sta ture: Christina Ramos ments: Carter BloodCare Use Only Check here if returned by courier st ked properly. perature of Shipment: sloyee ID: sloyee ID:	ession of the fo indards. Date: 10/25/2 service & C.	Carter Blood cc Carter BloodCr Carter BloodCr Check here Request. No E () Check here supervisor/des EDR#: Name and ID c unit(s) by CBC	are Distribution Supervisor/ if unit is reflected on QSF5 DR Required. if LifeTrak return is perform ignee. of supervisor returning unit(;	Designee i08.05 Com ned by an F _ (or check s) in LifeTra	were maintained at: apponent Quarantine/Discare HSR and reviewed by here if N/A []) ak or reviewing return of	
For For For For Emp Retu Emp	facility certifies that, while in poss- perature: 1-6 C cordance with AABB and FDA stat iture: Christina Ramos ments: Carter BloodCare Use Only Check here if returned by couriers ted properly. Apperature of Shipment: piopee Initials: provide Initials: pr	ession of the fo indards. Date: 10/25/2 service & C.	Carter Blood cc Carter BloodCr Carter BloodCr Check here Request. No E () Check here supervisor/des EDR#: Name and ID c unit(s) by CBC	amponents, proper storage are Distribution Supervisor/ if unit is reflected on QSF5 DR Required. if LifeTrak return is perform ignee. of supervisor returning unit(HSR	conditions of Designee i08.05 Com ned by an H _ (or check s) in LifeTra Date:	were maintained at: apponent Quarantine/Discard HSR and reviewed by (here if N/A []) ak or reviewing return of	
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This f Temp acc Bigna Comr For []]C pacl Temp Emp Date Cart Nam	facility certifies that, while in poss- perature: 1-6 C cordance with AABB and FDA sta iture: Christina Ramos ments: Carter BloodCare Use Only Check here if returned by courier st ked property. Disperature of Shipment: perature of Shipment: polyee Initials: provide the state of the state of the state of the state state of the state of the state of the state of the state state of the state of the state of the state of the state state of the state o	ession of the fo indards. Date: 10/25// service & C.	Carter Blood cc 2023 8:35:43 AM Carter BloodC: [] Check here Request. No E [] Check here supervisor/des EDR#: Name and ID c unit(s) by CBC	amponents, proper storage are Distribution Supervisor/ if unit is reflected on QSF5 DR Required. if LifeTrak return is perform ignee. of supervisor returning unit(HSR istribution) Date:	Conditions of Designee 108.05 Com ned by an F _ (or check s) in LifeTra Date:	were maintained at: apponent Quarantine/Discard 4SR and reviewed by there if N/A []) ak or reviewing return of Time:	
This f emp accondition for pack Temp Retu Emp Date Carl Nam	facility certifies that, while in posso perature: 1-6 C cordance with AABB and FDA sta ture: Christina Ramos ments: Carter BloodCare Use Only Check here if returned by courier st ted properly. perature of Shipment: ployee Initials: sloyee thitlas: sloyee #: ter Blood Care Laboratory Staff ne and Employee # mments:	ession of the fo indards. Date: 10/25/ service & C.	Carter Blood cc 2023 8:35:43 AM Carter BloodCr [] Check here supervisor/dest. No E [] Check here supervisor/dest. Pame and ID c unit(s) by CBC roducts from D	amponents, proper storage of a storage of s	conditions of Designee 608.05 Com ned by an H _ (or check s) in LifeTra Date:	were maintained at: apponent Quarantine/Discard HSR and reviewed by there if N/A []) ak or reviewing return of Time:	

Credit Requests

10

To create a new return, navigate to the "Returns, Transfers, and Credits" page on the left side of the screen.

Carter BloodCare 🕓 Call Us: 8	17-412-5700				Home Ster	n Cell Calendar 💄 CR8045 👻 Log off
		iWeB	B Online Orders and Custome 2205 Highway 121, BEDFORD, TX 76021 (Customer ID: HS76	er Resources 5104001) Order By: Christina Ramos		
Product Services		Blood Product Orders		Lab Service Orders		Customer Services
Order Blood Product Order Lab Service	Order Blood Product	3	Blood Product Orders From 08-14-2023 To 09-13-2023		Order Lab Service	– Memos
Blood Product Order History	Export to Excel	🗘 Refresh			Q Search	09-11-2023: demo test 02-15-2023: Title
Lab Service Order History	Order ID	Order Status	Order By	Order Date	Action	02-10-2023: demo test 02-10-2023: Email test 2
Returns, Transfers, and Credit History For All Facilities						Go More Memos »
Returns, Transfers, and Credits						+ Accreditation Certificates
Reports						+ Submit a customer incident
Reprint Pack List						
Reprint Return Slip						
Reprint Debit Memo						
Historical Antigen Results						
Submit Hospital Antigen Test Results						
Blood Utilization Report						

On the "Create Request" page, select "Request credit for the units" and indicate if the units have been manipulated.

	These fields marked with * are required
	Basic Information
F	acility: CARTER BLOODCARE, 2205 Highway 121, BEDFORD, TX 76021
c	Contact: Christina Ramos
١	What would you like to do with the units? *
	○ Return the units
	Have the units been manipulated in any way (exluding thawing)? *
	No, the units have not been manipulated. O Ves, the units have been manipulated.

NOTE: Excluding thawing, units that have been manipulated in any way (irradiated, divided, etc.) are not eligible for credit.

Enter the storage temperature, component type, and reason for credit request.

2	Transaction Information
	Credit Information
	This facility certifies that, while in possession of the following blood components, proper storage conditions were maintained at:
	Temperature: *
	○ 1-6 C ○ 20-24 C ● -18 C or colder
	In accordance with AABB and FDA standards. The units have been inspected on the date of return and are free of visible hemolysis, clots, defects or abnormal appearance and have not been irradiated, manipulated, relabeled or modified by this institution in any way.
	Component Type: *
	○ Red Blood Cells/Whole Blood * ○ Platelet Products *
	Reason for credit request: *
	Unit broke in water bath.
	Continue

NOTE: If you are returning whole blood, red blood cells, or platelet products, you will need to return the products to Carter BloodCare to be eligible for credit. The system will display a reminder message if one of these products is selected.

Enter the unit information and any final comments. Then press "Submit" when finished to go to the summary page.

100

3		Unit Inf	ormation					
	Scan or enter unit information.	manually entering the units, please fill out the	check digit field (CD).					
	W03522370082100	AB+ E0701	4/29/2023 23:59 +					
	Continue							
4	Final Confirmation							
		Final Comments						
		Contrast Name	ℓ					
		Contact Name						
		By submtting this form, I certify that the info correct an	rmation about the units and this transaction is d complete.					
		Su	bmit					

Click "Print Request Now" and provide the form to the courier during pickup.

Create New Request	Request Submitted Back To Hor							
Your request has been successfully submitted to Carter BloodCare.								
Print Request Form								
acility: CARTER BLOODCARE, 2205 Hig	hway 121, BEDFORD, TX 76021							
Contact: Christina Ramos								
Request Type: credit								
Request Number: RQ-10253-0003								
Number of units: 1								
		Unit Details						
Unit Number	ABO/Rh	Expiration Date	Product Code					

NOTE: If edits are needed, please call and speak with a Distribution/Hospital Services representative.

The credit request is now complete.

	Hospital Report of Blood Component Credit Request								
		Credit I	Request Details						
Tempo in acco	acting: CARTER BLOODCARE, 2205 Highway 121, BEDFORD, 1X 76021 ertifies that, while in possession of the following blood components, proper storage conditions were maintained at: Temperature: -18 C or colder In accordance with AABB and FDA standards. The units have been inspected on the date of return and are free of visible hemolysis, slots, defects or abnormal appearance and have not been irradiated, manipulated, relabeled or modified by this institution in any way. Component Type: FFP/CPPLS Reason for credit request: Unit broke in water bath. All units below are collected by Carter BloodCare and have the prefix number W0352.								
Ciots, (Comp Reaso All uni	defects or abnormal appearance conent Type: FFP/CPPLS on for credit request: Unit brok its below are collected by Cart	and have not been irrad e in water bath. er BloodCare and have	liated, manipulated, relabeled or n	nodified by this institution in any way.					
Comp Reaso All uni	defects or abnormal appearance bonent Type: FFP/CPPLS on for credit request: Unit brok its below are collected by Cart	and have not been irrad e in water bath. er BloodCare and have	iiated, manipulated, relabeled or n e the prefix number W0352. nit Details	nodified by this institution in any way.					
Comp Reaso All uni	defects or abnormal appearance bonent Type: FFP/CPPLS on for credit request: Unit brok- its below are collected by Cart	and have not been irrad e in water bath. er BloodCare and have U ABO/Rh	iated, manipulated, relabeled or n e the prefix number W0352. nit Details Expiration Date	nodified by this institution in any way. Product Code					

<u>Specimen Rejection Report</u> Navigate to the "Lab Service Order History" tab on the left side of the homepage.

Product Services		Blood Product Orders	Lab Service Order	rs		Customer Services
Order Blood Product Order Lab Service	Order Blood Product	Blood Pr From 09-23-3	oduct Orders 2023 To 10-23-2023		Order Lab Service	- Memos
Blood Product Order History	Export to Excel	ish			Q Search	09-14-2023: 09142023: Client Memo Test 09-11-2023: demo test
Lab Service Order History	Order ID Ord	ler Status Or	der By Or	der Date	Action	02-15-2023: Title 02-10-2023: demo test
Returns, Transfers, and Credit History For All Facilities					*	Go More Memos »
Returns, Transfers, and Credits						+ Accreditation Certificates

In the "Action" drop down menu, select "Specimen Rejection Report".

	Lab Service Order History Order Lab S								
Quick Select Date -	From Date:	09/23/2023	To Date:	10/23/2023	ID:		Search		
Export to Excel	🖒 Refresh						۹ Search		
Order ID	Patient Name		Patient ID	Order Status	Order By	Order Date	Action		
RQ2310201154193	HOWELL, MICHAEL		1234	Specimen Rejection	Michael, Howell	10-20-2023 11:52	Select 🗸 🖹		

A pdf of the report will open in a new tab for printing and viewing.

				Spec	cimen Re	jection F	Report						
Patient Name		MRN Facility Specimen Collected and Received											
HOWELL, MICHAEL		1234 CARTER BLOODCARE Date/Time Collected: 10-20-2023 11:52, Date/Time Received: 10-20-2023 11:54											
Person Notified		Date/Time Notified By Reason for Rejection											
Jerry McJerry		10-20-2023 11	:54	Howell, Micha	ael		Inco	orrectly La	beled (Mis	abele	d) Specimen		
Additional Reason f	or Rejection	L											
Reviewed:		Date/Time: 10-	20-2023	14:22, By: Howel	ll, Michael								
					Reques	t Details							
					Patient In	formatio	n						
Patient Name		DOB	Gender	MRN	Physician		Facility				Armband II	Blood	Bank ID Sticke
HOWELL, MICHAEL		09-23-1983	emale	1234	Howe		CARTER E	BLOODCA	RE				
Pregnancy History:		Has the patient	ever bee	n pregnant? N									
Transfusion History		Transfused wit	hin last 3	months? NO									
Diagnosis:		L											
Medication:													
Patient Comment:													
				S	Specimen	Informati	on						
No Specimen receiv	ed?											No	
Specimen was colle	cted using ar	electronic ID	system o	r another valida	ated process	s to reduce	the risk of	patient n	nisidentifi	atior	1.?	Yes	
Specimen ID	Collecti	on Date/Time	Speci	men Collected I	Ву	Received	Date/Time	Nun	nber of Tul	bes	Pre-Admit	Surger	y Time
	10-20-2	023 11:52	JJ			10-20-202	3 11:54	1			No		
Specimen Comment	:												
					Request li	nformatio	on						
Priority	Reques	t Received Tim	e Requ	ested By		Source	Phone	#	Pick Up	Pick	Up Zone	Delivery	Delivery Zon
ASAP	10-20-2	023 11:54	Howel	l, Michael		Web							
Request Comment:													

Client Memo Notification

All active iWeBB users will now receive an email notification when a new client memo becomes available. To view the memo, click the attached pdf document.

🔚 う う ↑ 🧎 マ 🛛 Carter Bloodcare iWebb memo 091420	123; Client Memo Text - Message (HTML) De Search	⊞ - ∂ ×
File Message Help		
Image: Second state Image: Second state	Partiand To Manager Done Bulles - Team Email Done Done Sector OneNote Done Done Done Done Done Done Done Don	
All Teams	Reply & Delete Create New Image: Select in the select in	
Delete i Réspond i leams i	Quick Steps i si Move i lags i Catting i immersive i Language i Zoom i rind lime i Add-in i Phish Alert i	^
Carter Bloodcare iWebb memo 09142023; Client Mer	mo Test	
HS hospital.services@carterbloodcare.org	(B) C Reply All	→ Forward 10
09142023; Client Memo Test.pdf		110 57 10 2025 571 1011
83 KB		
	New memo posted to iWebb: 09142023; Client Memo Test	
	A new memo has been posted to Webb.	
	Please see the attached PDF or navigate to the memos section of iWebb.	
	View Now	
1	Thank you again!	
	Carter BloodCare	

As a reminder, all of the historical client memos are available on iWeBB. To view, navigate to the "Memos" tab on the right side of the iWeBB homepage.

Carter BloodCare 🕓 Call Us: 8	17-412-5700				Home Ste	n Cell Calendar 💄 CR8045 👻 Log off
		iWeB	B Online Orders and Customer 205 Highway 121, BEDFORD, TX 76021 (Customer ID: HS7610	Resources 4001) Order By: Christina Ramos		
Product Services		Blood Product Orders		Lab Service Orders		Customer Services
Order Blood Product Order Lab Service	Order Blood Produ	ict -	Blood Product Orders From 08-15-2023 To 09-14-2023		Order Lab Service	– Memos
Blood Product Order History	X Export to Excel	🖒 Refresh			Q Search	09-11-2023: demo test 02-15-2023: Title
Lab Service Order History	Order ID	Order Status	Order By	Order Date	Action	02-10-2023: demo test 02-10-2023: Email test 2
Returns, Transfers, and Credit History For All Facilities						Go More Memos »
Returns, Transfers, and Credits						+ Accreditation Certificates
Reports						+ Submit a customer incident
Reprint Pack List						
Reprint Return Slip						
Reprint Credit Memo Reprint Debit Memo						
Historical Antigen Results Submit Hospital Antigen Test Results						
Blood Utilization Report						

NOTE: You can expand this section by clicking the "+" sign or the word "Memos".

Click on "Go More Memos >>" to view the complete list.

Carter BloodCare To place orde	ers: 817-412-5700				Home S	tem Cell Calendar	CR8045 - Log off
		iWeBB Online Ord CARTER BLOODCARE, 2205 Highway 121, BEDFO	ers and Customer Resources RD, TX 76021 (Customer ID: HS76104001) Order By: Christina	Ramos			
Product Services		Blood Product Orders	Lab Service	e Orders		Custo	mer Services
Order Blood Product Order Lab Service	Order Blood Product	Bloo From I	d Product Orders 19-25-2023 To 10-25-2023		Order Lab Service	- Men	nos
Blood Product Order History	Export to Excel	Refresh			Q Search	09-14-20 09-11-20	23: 09142023; Client Memo Test 23: demo test
Lab Service Order History	Order ID	Order Status	Order By	Order Date	Action	02-15-20	23: Title 23: demo test
Returns, Transfers, and Credit History For						Go Mor	e Memos »

Select the memo you want to view by clicking the memo's title.

iWeBB Online Orders and Customer Resources CARTER BLOODCARE, 2205 Highway 121, BEDFORD, TX 76021 (Customer ID: HS76104001) Order By: Christina Rame	05
Carter BloodCare Memos	Back To Home
	Go Edit
Last 12 Months (Last Update: 9/14/2023)	
💷 09-14-2023: 09142023; Client Memo Test	
🔠 09-11-2023: demo test	
💷 02-15-2023: Title	
🔠 02-10-2023: demo test	
💷 02-10-2023: Email test 2	
💷 02-10-2023: email test 2	
🔠 02-09-2023: Title	
🔠 02-09-2022: Try to test it	
💷 01-18-2016: New Website Launch	

A pdf of the memo is now viewable to the user.

🔥 Car	ter BloodCare
To:	Transfusion Services Managers
From:	Hospital Relations
Date:	September 14, 2023
Re:	09142023; Client Memo Test
Test Mes	ssage