



**To:** Transfusion Services Managers  
**From:** Hospital Relations Department  
**Date:** November 7, 2023  
**Re:** New iWeBB Features – Returns/Credits/Transfers

### **Update**

There will be a scheduled iWeBB downtime on November 8, 2023, from 1000-1030 to deploy a software patch. Please contact the Distribution/Hospital Services department or Immunoematology Reference Lab via phone/fax during this time.

### **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**

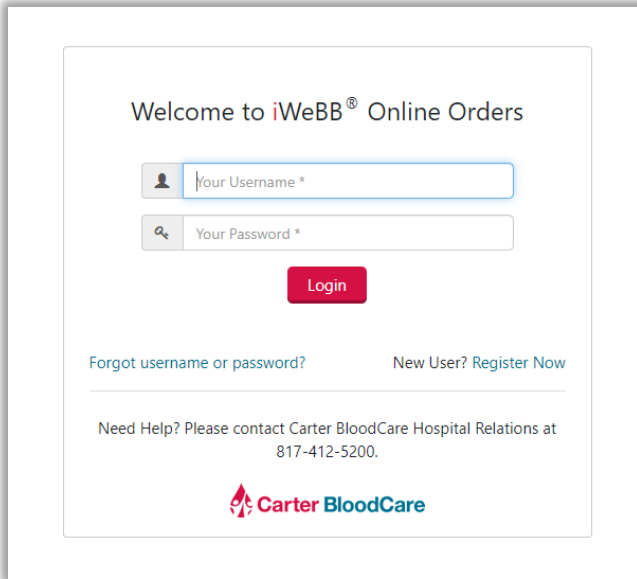
- Step by step instructions along with screenshots are provided for your review. Please ensure your staff has access to iWeBB. New users can self-register on the iWeBB login page.

### **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 Immunoematology Reference Lab via phone/fax during this time.

Please contact [hospitalrelations@carterbloodcare.org](mailto:hospitalrelations@carterbloodcare.org) with any questions.

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



Welcome to iWeBB® Online Orders


Your Username \*

Your Password \*

Login

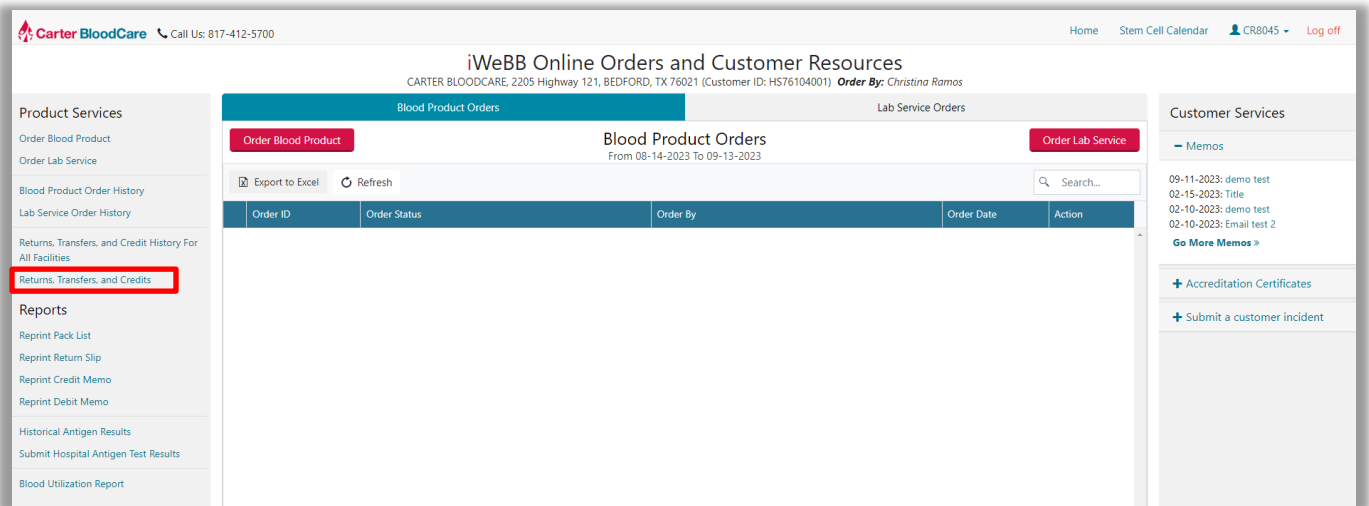
Forgot username or password?      New User? Register Now

Need Help? Please contact Carter BloodCare Hospital Relations at 817-412-5200.



## Product Returns

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



iWeBB Online Orders and Customer Resources

CARTER BLOODCARE, 2205 Highway 121, BEDFORD, TX 76021 (Customer ID: HS76104001) Order By: Christina Ramos

Product Services: Order Blood Product, Order Lab Service, Blood Product Order History, Lab Service Order History, Returns, Transfers, and Credit History For All Facilities, **Returns, Transfers, and Credits**, Reports, Reprint Pack List, Reprint Return Slip, Reprint Credit Memo, Reprint Debit Memo, Historical Antigen Results, Submit Hospital Antigen Test Results, Blood Utilization Report

Blood Product Orders

Order Blood Product      Blood Product Orders      Order Lab Service

From 08-14-2023 To 09-13-2023

Export to Excel      Refresh      Search...

Order ID	Order Status	Order By	Order Date	Action
----------	--------------	----------	------------	--------

Customer Services: Memos, 09-11-2023: demo test, 02-15-2023: Title, 02-10-2023: demo test, 02-10-2023: Email test 2, Go More Memos »

+ Accreditation Certificates

+ Submit a customer incident

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

[Back To Home](#)

## 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    Request credit for the units    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.

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.

**3**

### Unit Information

**Scan or enter unit information.** If manually entering the units, please fill out the check digit field (CD).

[Continue](#)

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 submitting 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](#) Request Submitted [Back To Home](#)

**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](#)


**Facility:** CARTER BLOODCARE, 2205 Highway 121, BEDFORD, TX 76021  
**Contact:** Christina Ramos  
**Request Type:** return  
**Request Number:** RQ-10253-0001  
**Number of units:** 1

**Unit Details**

Unit Number	ABO/Rh	Expiration Date	Product Code
W03522370088000	O+	5/3/2023 23:59	E0336V00

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

The return request is now complete.

  
**Hospital Report of Returned Blood Components to Carter BloodCare**

**Return Details**

**Facility: CARTER BLOODCARE, 2205 Highway 121, BEDFORD, TX 76021**  
 certifies that, while in possession of the following blood components, proper storage conditions were maintained at:  
**Temperature: 1-6 C**  
 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: RBC/WB**  
**All units below are collected by Carter BloodCare and have the prefix number W0352.**

**Unit Details**

Unit #	ABO/Rh	Expiration Date	Product Code
1	W03522370088000	O+	5/3/2023 23:59 E0336V00

Comment:  
 Hospital Tech: Christina Ramos      Date: 10/25/2023 8:28:31 AM  
 Carter BloodCare HSR: \_\_\_\_\_      Date: \_\_\_\_\_

MARK HERE if transported by a courier service.

Carter BloodCare Supervisor:  
 Temperature: \_\_\_\_\_ C      Packed OK? Y / N      Signature: \_\_\_\_\_

KEY: RBC = red blood cell    WB = whole blood    FFP = fresh frozen plasma    CPPLS = cryo-reduced plasma  
 Carter BloodCare Copyright © 2020    DPF300.03    Version: 08    Effective Date: 01/21/2020    Request ID: RQ-10253-0001

## Product Returns for Investigation

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



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

[Back To Home](#) 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  Request credit for the units  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: \***

**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

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).

**4** Final Confirmation

**Contact Name:** Christina Ramos

By submitting 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 prepare 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  
**Contact:** Christina Ramos  
**Request Type:** returnFI  
**Request Number:** RQ-10253-0002  
**Number of units:** 1

**Unit Details**

Unit Number	ABO/Rh	Expiration Date	Product Code
W03522370086300	O+	4/12/2023 23:59	E0167V00

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 Details**

	Unit #	ABO/Rh	Expiration Date	Product Code
1	W03522370086300	O+	4/12/2023 23:59	E0167V00

This facility certifies that, while in possession of the following blood components, proper storage conditions were maintained at:  
**Temperature: 1-6 C**  
in accordance with AABB and FDA standards.  
Signature: Christina Ramos      Date: 10/25/2023 8:35:43 AM  
Comments:

<b>For Carter BloodCare Use Only</b> <input type="checkbox"/> Check here if returned by courier service & packed properly. Temperature of Shipment: _____ C. Employee Initials: _____ Employee ID: _____ Returning HSR: Employee #: _____ Date: ____/____/____	<b>Carter BloodCare Distribution Supervisor/Designee</b> <input type="checkbox"/> Check here if unit is reflected on QSF508.05 Component Quarantine/Discard Request. No EDR Required. <input type="checkbox"/> Check here if LifeTrak return is performed by an HSR and reviewed by supervisor/designee. EDR#: _____ (or check here if N/A [ <input type="checkbox"/> ]) Name and ID of supervisor returning unit(s) in LifeTrak or reviewing return of unit(s) by CBC HSR Date: _____
---	---

**Carter Blood Care Laboratory Staff (Receipt of Products from Distribution)**

Name and Employee # _____	Date: _____	Time: _____
Comments: _____		

Carter BloodCare Copyright © 2022    DPF300.03A    Version: 08    Effective Date: 12/23/2022    Request ID: RQ-10253-0002

## Credit Requests

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

The screenshot shows the iWeBB Online Orders and Customer Resources interface. The left sidebar contains a menu with the following items: Product Services (Order Blood Product, Order Lab Service, Blood Product Order History, Lab Service Order History, Returns, Transfers, and Credit History For All Facilities, Returns, Transfers, and Credits - highlighted with a red box), Reports (Reprint Pack List, Reprint Return Slip, Reprint Credit Memo, Reprint Debit Memo), Historical Antigen Results (Submit Hospital Antigen Test Results), and Blood Utilization Report. The main content area is titled 'Blood Product Orders' and includes a search bar, 'Export to Excel', and 'Refresh' buttons. Below these is a table with columns: Order ID, Order Status, Order By, Order Date, and Action.

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

The screenshot shows the 'Create Request' form. At the top, there is a 'Back To Home' button and the title 'Create Request'. Below the title, it states 'These fields marked with \* are required'. The 'Basic Information' section contains the following fields and options:

- Facility:** CARTER BLOODCARE, 2205 Highway 121, BEDFORD, TX 76021
- Contact:** Christina Ramos
- What would you like to do with the units? \***
  - Return the units
  - Request credit for the units
  - Transfer the units to another hospital
- Have the units been manipulated in any way (excluding thawing)? \***
  - No, the units have not been manipulated.
  - Yes, 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 \*  Fresh Frozen Plasma/Cryo-Reduced Plasma  CRY/CRYO-POOL

**Reason for credit request: \***

**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.

3

### Unit Information

**Scan or enter unit information.** If manually entering the units, please fill out the check digit field (CD).

4

### Final Confirmation

**Contact Name:** Christina Ramos

By submitting this form, I certify that the information about the units and this transaction is correct and complete.

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

Request Submitted

[Back To Home](#)

Your request has been successfully submitted to Carter BloodCare.

[Print Request Form](#)


**Facility:** CARTER BLOODCARE, 2205 Highway 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
W03522370082100	AB+	4/29/2023 23:59	E0701

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 Request Details**

**Facility:** CARTER BLOODCARE, 2205 Highway 121, BEDFORD, TX 76021  
certifies 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, clots, 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.**

**Unit Details**

	Unit #	ABO/Rh	Expiration Date	Product Code
1	W03522370082100	AB+	4/29/2023 23:59	E0701

KEY: RBC = red blood cell WB = whole blood FFP = fresh frozen plasma CPPLS = cryo-reduced plasma  
Carter BloodCare Copyright © 2020 DPF300.03 Version: 08 Effective Date: 01/21/2020 Request ID: RQ-10253-0003

### Specimen Rejection Report

Navigate to the "Lab Service Order History" tab on the left side of the homepage.

Product Services | Blood Product Orders | Lab Service Orders | Customer Services

Order Blood Product | Order Lab Service

Blood Product Order History | **Lab Service Order History**

Returns, Transfers, and Credit History For All Facilities | Returns, Transfers, and Credits

Blood Product Orders | From 09-23-2023 To 10-23-2023

Export to Excel | Refresh | Search...

Order ID	Order Status	Order By	Order Date	Action

Memos | 09-14-2023: 09142023: Client Memo Test | 09-11-2023: demo test | 02-15-2023: Title | 02-10-2023: demo test | Go More Memos | Accreditation Certificates

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

Lab Service Order History | Order Lab Service | Back To Home

Quick Select Date | From Date: 09/23/2023 | To Date: 10/23/2023 | ID: | Search

Export to Excel | Refresh | 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.

Request ID: RQ2310201154193, MRN: 1234, CARTER BLOODCARE  
 Patient ID: | Name: HOWELL, MICHAEL | DOB: 09-23-1983 | Gender: Female

**Specimen Rejection Report**

<b>Patient Name</b>	<b>MRN</b>	<b>Facility</b>	<b>Specimen Collected and Received</b>
HOWELL, MICHAEL	1234	CARTER BLOODCARE	Date/Time Collected: 10-20-2023 11:52, Date/Time Received: 10-20-2023 11:54
<b>Person Notified</b>	<b>Date/Time Notified</b>	<b>Notified By</b>	<b>Reason for Rejection</b>
Jerry McJerry	10-20-2023 11:54	Howell, Michael	Incorrectly Labeled (Mislabelled) Specimen
<b>Additional Reason for Rejection</b>			
<b>Reviewed:</b> Date/Time: 10-20-2023 14:22, By: Howell, Michael			

**Request Details**

<b>Patient Information</b>							
<b>Patient Name</b>	<b>DOB</b>	<b>Gender</b>	<b>MRN</b>	<b>Physician</b>	<b>Facility</b>	<b>Armband ID</b>	<b>Blood Bank ID Stickers</b>
HOWELL, MICHAEL	09-23-1983	Female	1234	Howe	CARTER BLOODCARE		
<b>Pregnancy History:</b>	Has the patient ever been pregnant? N						
<b>Transfusion History:</b>	Transfused within last 3 months? NO						
<b>Diagnosis:</b>							
<b>Medication:</b>							
<b>Patient Comment:</b>							

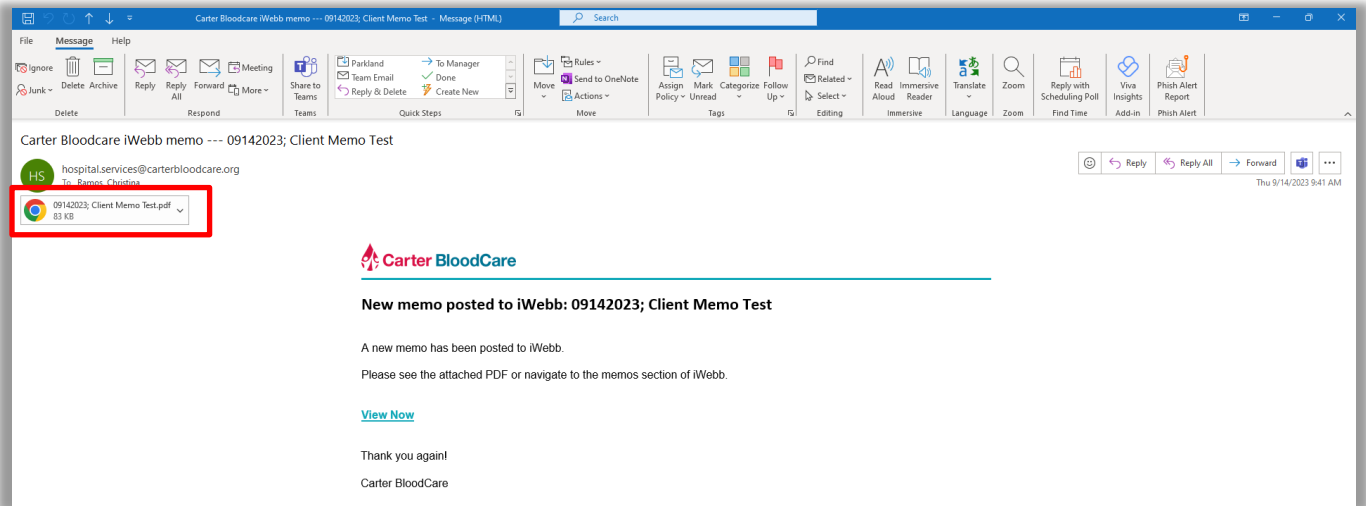
<b>Specimen Information</b>						
<b>No Specimen received?</b>						No
<b>Specimen was collected using an electronic ID system or another validated process to reduce the risk of patient misidentification.?</b>						Yes
<b>Specimen ID</b>	<b>Collection Date/Time</b>	<b>Specimen Collected By</b>	<b>Received Date/Time</b>	<b>Number of Tubes</b>	<b>Pre-Admit</b>	<b>Surgery Time</b>
	10-20-2023 11:52	JJ	10-20-2023 11:54	1	No	
<b>Specimen Comment:</b>						

<b>Request Information</b>								
<b>Priority</b>	<b>Request Received Time</b>	<b>Requested By</b>	<b>Source</b>	<b>Phone #</b>	<b>Pick Up</b>	<b>Pick Up Zone</b>	<b>Delivery</b>	<b>Delivery Zone</b>
ASAP	10-20-2023 11:54	Howell, Michael	Web					
<b>Request Comment:</b>								

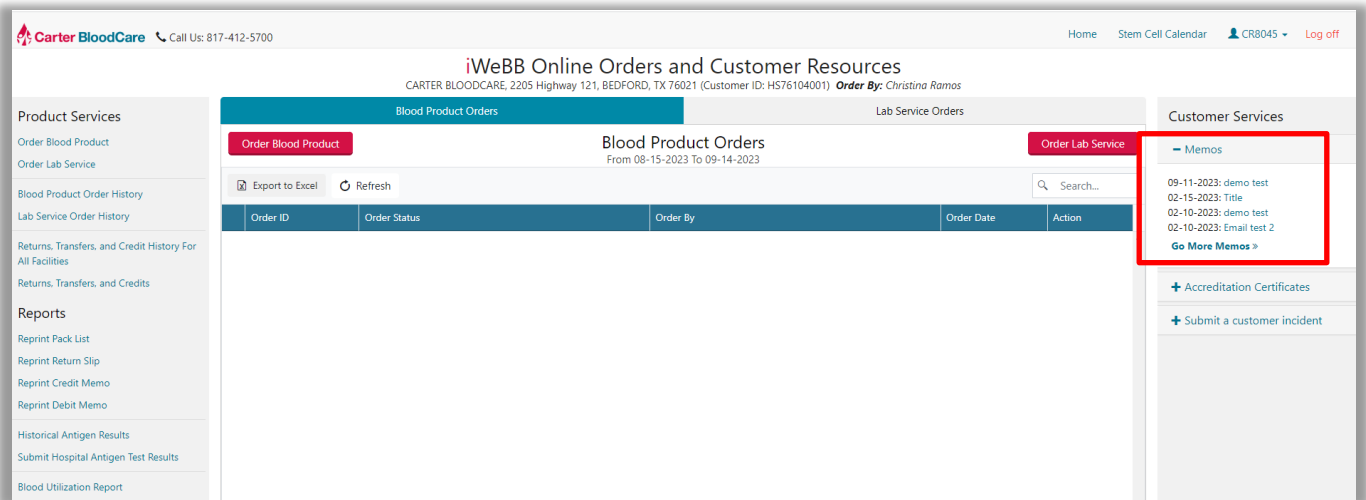
Page 1 of 2 | Printed On 10/23/2023 2:37:27 PM

**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.

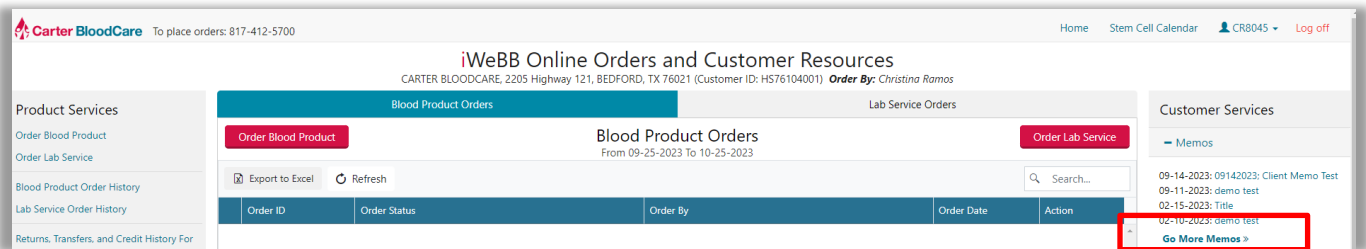


As a reminder, all of the historical client memos are available on iWeBB. To view, navigate to the “Memos” tab on the right side of the iWeBB homepage.



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

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



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 Ramos

**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.



**To:** Transfusion Services Managers  
**From:** Hospital Relations  
**Date:** September 14, 2023  
**Re:** 09142023; Client Memo Test

Test Message