

CREDIT MEMO  
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CREDIT ID #: CM4-011220  
CREDIT DATE: 01-01-2004  
Page : 1 of 1

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CREDIT TO: ABC HOSPITAL 1234 MAIN STREET  ANYTOWN, TX 12345 Contact: LAB MANAGER Phone : 123-456-7890	BLOODCARE CONTACT: Carter BloodCare 2205 Highway 121  Bedford TX 76021 Contact: Distribution Phone : 817-412-5700
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Requested By : MANAGER, LAB  
Entered By : W1234 Name, Staff  
Patient Name : DOE, JOHN

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Seq	Service Description	Reason	Order no	Qty	CREDIT
1	B5028 Antibody Identification Panel(s	RATSC	CM4-011220	1	(\$00.00)
		Ref/Trans	Svc Credit		
			Total CREDIT		(\$00.00)

DEBIT MEMO  
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DEBIT ID #: DM4-011235  
DEBIT DATE: 01-01-2004  
Page : 1 of 1

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DEBIT TO: ABC HOSPITAL 1234 MAIN STREET  ANYTOWN, TX 12345 Contact: LAB MANAGER Phone : 123-456-7890	BLOODCARE CONTACT: Carter BloodCare 2205 Highway 121  Bedford TX 76021 Contact: Distribution Phone : 817-412-5700
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Requested By : MS  
Entered By : W1234 Staff, Name  
Patient Name : SH010104S00123

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Seq	Service Description	Reason	Order no	Qty	DEBIT
1	F1004 DELIVERY FEE	ROUT	04224-0008	1	\$00.00
			Routine Delivery Fee		
			Total DEBIT		\$00.00

PACK LIST  
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PACK LIST #: SH010104RE0123  
SHIP DATE : 01-JAN-2004 11:15  
Page : 1 of 2

FROM: CARTER BLOODCARE 2205 Highway 121  Bedford TX 76021 Contact: Distribution Phone : 817-412-5700 P.O.No.: 123456789	SHIP TO: ABC HOSPITAL 1234 MAIN HOSPITAL  ANYTOWN, TX 12345 Contact: LAB MANAGER Phone : 123-456-789 Acc No.: ABC1000	BILL TO: ABC HOSPITAL 1234 MAIN HOSPITAL  ANYTOWN, TX 12345 Contact: Phone :
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Delivered By: BC      Tracking No: 1      Flight No:

Recd and Inspected By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Order No : 04225-0104      Special Order      Received By: W11089  
Order Date: 01-JAN-2004 11:12 Stat      Placed By: LAURIE NELSON

ORDER SUMMARY

Product Type	ABORh	Requested	Filled	Substituted	Shipped	Back Ordered
LRBC	A Pos	1	1	0	1	0

ORDER DETAILS

Row	Unit	ID	ABORh	Exp/Coll	DateTime	Product	Short Name	INS	By	Fee
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Box: 01010103456    Insp and Pk By: W11089    PackDate: 12-AUG-2004 11:13  
Patient: 36533008 DOE, JOHN

1	6793886	A Pos	17-SEP-2004	23:59	04750-1	AS5 RBC LR	W11089	00.00		
		Antigen Testing:	C		C Ag	Negative				
		Antigen Testing:	E		E Ag	Negative				
		Antigen Testing:	K		K Ag	Negative				
		Antigen Testing:			3 Antigen	Negative				00.00

Attribute Processing:	ALERT	SCN	Sickle Cell	Negative						00.00
Attribute Processing:	SP	OCXM	AHG	Crossmatch (SATE)						0.00

Order Total      000.00

Shipment Total      000.00

RETURN SLIP  
=====

RETURN ID #: RT3-006985  
RETURN DATE: 01-JAN-04 03:55  
Page : 1 of 1

FROM:  
ABC HOSPITAL  
1234 MAIN STREET  
  
ANYTOWN, TX 12345  
Contact: LAB MANAGER  
Phone : 123-456-7890

RETURN TO:  
Carter BloodCare  
2205 Highway 121  
  
Bedford TX 76021  
Contact: Distribution  
Phone : 817-412-5700

CREDIT TO:  
ABC HOSPITAL  
1234 MAIN STREET  
  
ANYTOWN, TX 12345  
Contact: LAB MANAGER  
Phone : 123-456-7890  
Acc No.: ABC1000

Returned By: ABC  
Received By: W1234            Name, Staff

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Seq	Unit ID	Exp Date	Product	ABO	Order No	Return Reason	Credit
1	9876543	15-Mar-2004	04750-1	B+	03300-0172	RTRP Ref/Trans	(\$00.00)



# Carter BloodCare

## INVOICE

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Invoice Number: 0807635

Invoice Date: 11/4/2008

**BILL TO:**  
 ABC HOSPITAL  
 1234 MAIN STREET  
 ANYTOWN TX 123456

Account No: 9999999  
 Phone no: (817) 321-4600

**FROM :**  
 CARTER BLOODCARE  
 Post Office Box 916068  
 Fort Worth, Texas 76191-6068

Contact: Accounts Receivable Coordinator  
 Phone: (817) 412-5123

Terms: Net 30 Days

TRAN DATE	ORDER NUMBER	SERVICE CODE	DESCRIPTION/ PATIENT NAME	DEBIT QTY	CREDIT QTY	UNIT PRICE	EXTENDED PRICE
10/30/08	08286-0146	Z2002	DELIVERY CHARGE - ZONE 2 PATIENT, GOOD CREDIT ADJUSTMENT		-1	0.00	- 0.00
		CM8-026129					(\$0.00)
10/30/08	08288-0188	Z2002	DELIVERY CHARGE - ZONE 2 PATIENT, GOOD CREDIT ADJUSTMENT		-1	0.00	0.00
		CM8-026130					(\$0.00)
10/26/08	DM8-02587	B1001	86900-ABO, 86901-Rh, 86850-ABS PATIENT, GOOD Debit ADJUSTMENT	1		0.00	0.00
		DM8-025878					\$0.00
10/26/08	DM8-02588	B1001	86900-ABO, 86901-Rh, 86850-ABS PATIENT, GOOD Debit ADJUSTMENT	1		0.00	0.00
		DM8-025881					\$0.00
10/26/08	DM8-02589	B1026	SAMPLE PICK UP, TIME SENSITIVE PATIENT, GOOD Debit ADJUSTMENT	1		0.00	0.00
10/26/08	DM8-02589	B2001	86900-ABO; 86901-Rh TYPING PATIENT, GOOD Debit ADJUSTMENT	1		0.00	0.00
10/26/08	DM8-02589	B2007	86880-AHG TEST; DIRECT, EACH A PATIENT, GOOD Debit ADJUSTMENT	1		0.00	0.00
10/26/08	DM8-02589	B5026	86156-COLD AGGLUTININ, SCREEN PATIENT, GOOD Debit ADJUSTMENT	1		0.00	0.00
10/26/08	DM8-02589	B5028	86870-ABID, RBC ANTIBODIES, EA PATIENT, GOOD Debit ADJUSTMENT	2		0.00	0.00
10/26/08	DM8-02589	Z1002	SAMPLE PICK UP FEE-ZONE 2 PATIENT, GOOD Debit ADJUSTMENT	1		0.00	0.00
		DM8-025890					\$0.00
10/29/08	08280-0049	F04750-02	RBC, LEUKOREduced EMERGENCY RELEASE Ref/Trans Return Product		-1	0.00	0.00
10/29/08	08280-0049	F04750-02	RBC, LEUKOREduced EMERGENCY RELEASE Ref/Trans Return Product		-1	0.00	0.00
10/29/08	08280-0049	F04750-02	RBC, LEUKOREduced EMERGENCY RELEASE Ref/Trans Return Product		-1	0.00	0.00
10/29/08	08280-0049	F04750-02	RBC, LEUKOREduced EMERGENCY RELEASE Ref/Trans Return Product		-1	0.00	0.00
		RT8-010934					(\$0.00)



Carter BloodCare

INVOICE

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Invoice Number: 0807635

Invoice Date: 11/4/2008

**BILL TO:**  
 ABC HOSPITAL  
 1234 MAIN STREET  
 ANYTOWN TX 123456

Account No: 9999999  
 Phone no: (817) 321-4600

**FROM:**  
 CARTER BLOODCARE  
 Post Office Box 916068  
 Fort Worth, Texas 76191-6068

Contact: Accounts Receivable Coordinator  
 Phone: (817) 412-5123

Terms: Net 30 Days

TRAN DATE	ORDER NUMBER	SERVICE CODE	DESCRIPTION/ PATIENT NAME	DEBIT QTY	CREDIT QTY	UNIT PRICE	EXTENDED PRICE
10/30/08	08304-0199	F04750-03	RBC, LEUKOREduced PATIENT, GOOD	2		0.00	0.00
		SH1103008RE0225					<u>\$0.00</u>
<b>INVOICE TOTAL</b>				11	-6		<u><u>\$0.00</u></u>