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A Mobilization Guide for Blood Donor Centers

by

David A. Reichman

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Medical experience in several major world wars and other regional conflicts during the last 75 years have finally convinced the U.S. military medical planners that among other things it is a requirement and not a luxury to maintain a continuing up-to-the-minute trained group of transfusion officers to not only administer and supervise blood banks and donor centers in peacetime, but also be capable of instant mobilization to meet the needs of a major military crisis. This paper establishes a defined set of procedures to be used as an administrative adjunct to a technical BB SOP. It provides administrative guidance for the areas of donor procurement, unit processing, frozen blood components, material management, supplies, ordering, shipping, communications, Exercise Participation, military personnel, records and quality assurance, reports, watchbills, recall rosters, classified materials management, and physical

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19. (cont.) plant maintenance and security for PACOM BPO - Building 1760. This manual should provide all the information necessary for trained blood bank personnel to continue the support of the mission with minimal or no guidance from present or former PACOM BPO personnel. Essentially, the existing PACOM BPO staff could leave at 5 PM on a given day, and a new crew (blood bank type personnel) could report in at 7:30 AM the next day. The new crew by utilizing The Mobilization Information Guide could carry on with business as usual with a minimum noticeable effect on the operation of tne PACOM BPO. Pertinent examples of Forms, shipping labels, and reports are included in the accompanying figures. An extensive reference list of material available at PACOM BPO provides additional guidance.

A MOBILIZATION GUIDE FOR BLOOD DONOR CENTERS

A DISSERTATION SUBMITTED TO

SOUTHWEST UNIVERSITY

IN PARTIAL FULFILLMENT

of the degree Requirements for the Degree

DOCTOR OF PHILOSOPHY IN

HEALTH SERVICES ADMINISTRATION

BY

DAVID ALAN REICHMAN

The Dissertation of David Alan Reichman
is approved, and is accepted in quality and form.

Committee Chairman Date

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PREFACE

The history of the blood program in the Pacific Theater as well as other areas of the world of concern to the United States of America, has both recent and distant roots in history. From the time in 1665 when Sir Christopher Wren performed the first successful animal transfusion, through the events of World War II, the knowledge that the loss of blood in any significant amount would eventually require replacement of the same was recognized - only to be re-abandoned for other easier or more timely "solutions". The British and the United States in World War II and the Spanish in their Civil War clearly established that the use of plasma substitutes would only temporarily stabilize severely wounded patients. Medical officers surveyed at the conclusion of World War I almost unanimously favored blood for replacement therapy. During this time, especially from World War I forward, the definition of shock and its causes were extremely vague and inconsistent from one individual to another. Ironically, it was not until 1943-44 that shock was consistently held to be directly related to circulatory failure from a decrease of blood volume.

The central purpose for writing the book Blood Program in World War II by Brigadier General Douglas B. Kendrick, MC, USA, was to establish in graphic detail several key points. 1) Realization that blood is the only choice to

restore blood volume and thus the patient's oxygen carrying capacity. 2) The need to have a comprehensible and a comprehensive plan for providing it in ample quantities. 3) Activation of that plan to a state where virtual instant mobilization is possible. 4) The need to maintain readiness of material and trained personnel, especially transfusion officers with specialized technical and management abilities to be able to immediately take charge of a full scale blood program comensurate with the military operation. BGEN Kendrick said in the preface to his book "It is extremely important - in fact, it is imperative - to recognize that behind the drama of transfusion in World War II lay an elaborate mechanism of procurement, storage, delivery, and other mundane details. It was only by the strictest attention to such matters that blood was able to achieve its miracles, and equally important, was prevented from becoming a deadly agent. It must never be forgotten that without proper care, blood can be lethal" (Kendrick, 1964).

The confused and incorrect interpretation of the cause of shock at the start of World War II probably contributed most to the delay of the implementation of the whole blood program in the Zone of Interior (CONUS) and the trial-and-error period of shock therapy overseas. One of the principal problems in proper shock therapy in the field was the false sense of security that medical officers perceived as a result of plasma therapy.

Early in 1940 the Blood Research Branch of the Army

Medical School was established. It is ironic to note and to their credit, that although numerous requests were made (to no avail) to allow the civilian committee of researchers to visit the battlefields to study shock and transfusion therapy, they nonetheless arrived at the correct conclusion purely from reported data. Their conclusions were 1) that blood rather than plasma was needed in the management of wounded men and 2) that local supplies of blood could in no way meet the needs of the theater and must be flown in from areas well behind the Combat Zone. (At this time, the dating period on whole blood was eight days).

In its developmental stages, almost every aspect of the Blood Program was hampered by the poor planning and lack of foresight as a whole on the part of the United States military. Collection techniques varied slightly as the equipment and preservative solutions underwent almost constant evolution in an effort to find the optimum size and shape container and the preservative which would give the most plasma (and later cells), and the longest usable shelf life from each donor's blood. The development of a standard package for the plasma product had to meet rigorous qualifications: 1) it had to be small and light to facilitate adequate quantities on the front line, 2) it had to be durable and well packaged to prevent breakage in combat activities, 3) it had to be sterilized and maintain at least aseptic conditions once reconstituted, 4) it had to be easily set up for administration under the most adverse

conditions, and 5) it had to provide safety for the recipient by providing adequate safeguards, i.e. filters, tubing, stoppers, needles, etc.

Extensive research was also done into the type of container constructed for shipping blood. The Army and Navy boxes were quite similar and at first posed a possible deleterious side effect despite their benefits as advanced blood banks in both Europe and the Pacific soon discovered. On occasion, stacks of empties in the field with their new light glossy tan paint job gleeming in the moonlight would attract enemy planes on strafing missions! Refrigeration was not as much of a problem in CONUS as overseas where cold storage was often not available either from a mechanical breakdown or from lack of refrigeration because of location.

As a result of lessons well-learned, a system of blood banks was set up in the Sicilian invasion. Late in 1943 this format was expanded to supply the entire Mediterranean Theater with blood in as adequate quantities as could be provided (donors were generally healthy soldiers or lightly wounded). The logistical machinations involved are described in Kendrick's book and included air flights to deserted areas to provide whole blood where needed. Attempts were made to standardize equipment and procedures throughout the theater.

The European Theater presented its own unique problems. The Mediterranean Theater (formerly North Africa) of

Operations was one army on a single land mass and blood did not have to be flown across water. The European Theater of Operations on the other hand had five U. S. Field Armies, covered widely differing areas, terrain, etc., and had an extremely serious problem with the inconsistent weather conditions for flying blood from England to the Continent. Divergent opinions by the Chief Surgeon of each Army on the concept of how to care for casualties and of the need for whole blood for them prevailed until the Chief Surgeon, European Theater of Operations, U. S. Army effectively organized a blood bank system and instructed medical officers in the use of whole blood in combat casualties.

The T/O & E (Table of Organization and Equipment) for this area included a fairly straightforward organization which included every personnel rating necessary from drivers and lab techs to refrigeration mechanic specialists to keep the blood distributed to the various hospitals in the least amount of time. At the conclusion of World War II a General Board met to critique the war in the European Theater. This board made the following recommendations for future operations: 1) that a T/O & E be authorized for an organization similar to the base blood bank for the purpose of collecting and processing whole blood, 2) that whole blood be handled by medical depots operating in the forward communications zone areas (the areas in the general area of conflict which are well back from the front lines and generally considered to be fairly safe from any hostilities)

and Army area, since there is no justification for the distribution of whole blood through other than the normal medical supply channels, and 3) that a ratio of one pint of blood for each anticipated wounded admission be used for planning purposes.

The success of the blood program in the Pacific area owes its success to several factors. Not only was it able to benefit from the experiences - good and bad - in the European Theater and the Mediterranean Theater (North Africa), but from the beginning of the war, some medical officers in the Pacific recognized that there was no substitute for whole blood. The transfusion service in this area had it inception in this concept and where plasma was used, it was employed because whole blood was not immediately available, and time could not be lost to find a compatible donor, perform the necessary tests, and draw the blood. Key medical officers in the Pacific agreed in February 1943 to establish blood donor centers and a distribution system to get the blood where it was needed. Although this program was enthusiastically supported, it was readily apparent that it could not support the needs of all the casualties with locally procured whole blood. When the decision was made to start the airlift of blood to the European Theater, it was only logical to set up and conduct similar service to the Pacific areas. Under the direction of Captain Newhouser, MC, USN, it was decided that the Navy would fly the blood from the West coast to Guam, process it

at the Navy lab there, and deliver it to all areas in the Pacific as required.

The transportation scheme included trucks, aircraft, ships, and eventually specially trained personnel whose only job was shipping blood. At the start of the program blood was being handled through ordinary supply channels and often took much too long to be delivered to the transfusion service. Often without refrigeration, it was frequently not even kept in the insulated boxes. One early shipment in specific made it extremely clear that there must be in essence a special delivery service to handle blood. (Once this special delivery service was implemented, at no stage along the way, from the collecting center in CONUS to the administration of the blood at the terminal point in the Pacific, was it touched by any but trained, specialized personnel, on permanent assignment). In this particular shipment the blood had arrived in perfect condition all the way from CONUS to Leyte. At this point, the bottles of blood were taken out of the insulated containers in which they had traveled so far, thrown into the backs of trucks (temperature 100 F in the shade), and transported 4 to 5 hours over rough roads to the medical installations requesting them. Obviously this shipment was entirely unusable, and had this arrangement not been carefully and quickly corrected, the whole blood program could have been ruined and become dangerous.

Despite all the invaluable lessons so painfully learned

at an extraordinary price of delay and lives, the well organized blood program that had been developed by 1945, was essentially junked before the Korean Conflict six years later. Plans for a blood program did exist, but only on paper and unnecessary delays were once again experienced. The absolute necessity for a distribution team of specially trained individuals who were the only ones that handled blood from the donor center to the transfusion service had been vividly learned in the Philippine Islands in contrast to the General Board's findings in the European Theater of Operations, but was either forgotten or disregarded at the start of the Korean program and it was only when blood stopped being a "commodity" (handled by medical supply) and was given its proper perspective that the whole blood program to Korea began to move effectively. As a result of World War II and Korea a specialized office has now been established in the Office of the Surgeon General in all three major services concerning transfusion related studies. It is noteworthy that blood bank research in both the military and civilian sector has since become a consistent, viable tool in the treatment of many and varied diseases, and transfusions an indispensible aid to the surgeon in both elective and emergency surgery.

Several points contributed to the success of the Military Blood Program in the Vietnam war. The first was "the dominant conviction of the early planners in USARPAC and USARV ...that whole blood requires professional

surveillance in handling from the moment it is drawn from the donor until the moment it is administered to the patient. Contaminated blood can be lethal.... Fortunately for the planners, requirements for whole blood increased slowly in 1965 and not with the same explosive force experienced at the beginning of the Korean conflict. Another asset was the substantial number of directives and guides already written and the existence of the Military Blood Program Agency". The officers in charge of the blood program for Vietnam in late 1965 "were guided by three major principles based on experience gained thus far. The first guiding principle was that a source of whole blood outside Vietnam and the Pacific Command was essential. Donor resources in the Pacific could not meet the demands for whole blood during the build-up. Second, was the establishment of a central depot in Saigon where all whole blood from Japan could be received, transshipped, and distributed for use in the field. Third, was the need for a system of forward mobile blood storage subdepots operated by the Army and co-located with hospitals and medical units in the Army, Navy, and Air Force along the South Vietnam coast. In the meantime, with the expanding need for blood, reorganization of the whole blood program for PACOM (Pacific Command) was underway. Colonel Metzger (Commanding Officer of the 406th Medical Laboratory, Japan) was also designated Blood Program Officer, PACOM, with direct responsibility to CINCUSARPAC (Commander in Chief, U.S. Army, Pacific) for the

co-ordination and integration of plans, policies, and procedures to insure blood for all areas in USARPAC, including USARV" (Neel, 1973).

Major General Spurgeon Neel in his book Medical Support of the U.S. Army in Vietnam 1965-1970 stated "The excellence of care of the wounded in Vietnam was the result of a combination of factors: rapid evacuation of the casualty, ready availability of whole blood, well-established forward hospitals, advanced surgical techniques, and improved medical management. The use of whole blood, occasionally even before the arrival of an air ambulance, contributed to the low mortality rate in Vietnam by better preparing the wounded for evacuation. Blood packaged in styrofoam containers which permitted storage for 48 to 72 hours in the field could be placed in the forward area in anticipation of casualties. This was a marked increase in the utilization of whole blood, since virtually none was used at the division level in World War II. Stocks of blood, drawn from PACOM (Pacific Command) in the early years and later largely from CONUS (continental United States), were always sufficient."

The Tri-Service Blood Bank Fellowship at Walter Reed Army Medical Center is most certainly a result of lessons learned in World War II and Korea, and to a high degree implemented in Vietnam, that it is a requirement and not a luxury to maintain a continuing up-to-the-minute trained group of transfusion officers to not only administer and

supervise blood banks and donor centers in peacetime but also be capable of instant mobilization to meet the needs of a major military crisis.

In conclusion, we must remember that we are doomed to repeat ourselves if we do not learn from history; in fact, if we do not learn from the preceeding generation. In science, specifically the young specialty of hemotherapy, the generation seems to be 15 years or less. In about that length of time much has been fruitlessly reiterated again only to be passed off as new and enlightening findings. In this area as in any situation, a realistic perspective can only be obtained if a total picture - of where we have been, where we are, and where we are going - is determined.

Crile tells us in italics in the last sentence in his book Hemorrhage and Transfusion, 1909: "Judiciously employed, transfusion will surely prove a valuable, often life - saving resource; injudiciously employed, it will surely become discredited." Today, 80 years later, blood is considered valuable, and life-saving. It is only with an appreciation of the ground that we have been over that we can approach the best path of the future. Each step of tomorrow depends on what we are learning today, but depends also on what we have learned from yesterday. We must study the past, or we will undoubtedly repeat it all over again.

David Alan Reichman

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I thank my family for the long hours they gave up both in Okinawa and since then in the development of this paper. My special thanks and appreciation go to my wife Tricia for her encouragement, typing assistance, and "pushing" me to complete this project.

ABSTRACT

Medical experience in several major world wars and other regional conflicts during the last 75 years have finally convinced the U.S. military medical planners that among other things it is a requirement and not a luxury to maintain a continuing up-to-the-minute trained group of transfusion officers to not only administer and supervise blood banks and donor centers in peacetime, but also be capable of instant mobilization to meet the needs of a major military crisis. This paper establishes a defined set of procedures to be used as an administrative adjunct to a technical BB SOP. It provides administrative guidance for the areas of donor procurement, unit processing, frozen blood components, material management, supplies, ordering, shipping, communications, Exercise Participation, military personnel, records and quality assurance, reports, watchbills, recall rosters, classified materials management, and physical plant maintenance and security for PACOM BPO - Building 1760. This manual should provide all the information necessary for trained blood bank personnel to continue the support of the mission with minimal or no guidance from present or former PACOM BPO personnel. Essentially, the existing PACOM BPO staff could leave at 5 PM on a given day, and a new crew (blood bank type

personnel) could report in at 7:30 AM the next day. The new crew by utilizing The Mobilization Information Guide could carry on with business as usual with a minimal noticeable effect on the operation of the PACOM BPO. Pertinent examples of Forms, shipping labels, and reports are included in the accompanying figures. An extensive reference list of material available at PACOM BPO provides additional guidance.

DISCLAIMER

The views presented in this paper are those of the author: no endorsement by the Department of the Navy has been given or should be inferred.

I. NATURE OF THE STUDY

The Pacific Command Blood Program (Pacom BPO) is located on the island of Okinawa, Japan. It is administered by the Bureau of Medicine and Surgery, (BUMED), Washington, D.C. through the auspices of the Commander in Chief, Pacific Forces, (CINCPAC) at Camp H.I. Smith, Hawaii. CINCPAC is the Joint level command. This means that although run by the U.S. Navy, this command (CINCPAC) through its' Surgeon's office (J-76) is responsible for coordinating the provision of health care in both peacetime and wartime to all active duty forces and their accompanied dependents through the component commands - Air Force, Army, Navy, and Marine Corps throughout the Pacific Theater.

This area of responsibility stretches from the west coast of Africa and north and south to both Poles. This is an area roughly 15,000 miles wide, 12,500 miles top to bottom, and covers approximately one million square miles. The potential problems as a result of the logistical challenges of distance over great expanses of water are unique. No other area of the world has a similiar geographical challenge (See Figure 1). In addition, the temperatures within the area of concern range from mild summers with bitter cold winters to areas in the tropical zone all year long with temperatures exceeding 100 F for long periods.

PACOM BPO on Okinawa is essentially an "extension office" of the CINCPAC Surgeon's Office (J-76) located in Hawaii. PACOM BPO is located on the island of Okinawa, Ryukyu Islands, Japan. The purpose of the PACOM BPO is to 1) provide blood and blood components to the U.S. Naval Hospital Okinawa, approximately one-half mile away on the same military compound, 2) provide blood and blood components to other facilities in the Pacific Theater, 3) provide a facility in a relatively safe zone to maintain stocks of frozen red cells as a reserve "buffer" for immediate blood support for emergency, contingency, or mobilization either because of a civilian type disaster or as a result of wartime events, and 4) function as a military blood processing/redistribution facility for blood supplies from other facilities in the Pacific Theater or CONUS (the forty-eight contiguous states). The reasons for the location of such a facility on Okinawa for the Pacific Theater are graphically shown in Figure 2. Okinawa - and subsequently PACOM BPO is at the center or pivot point of a rotatable hour glass in which the open end toward Hawaii and CONUS is the direction from which blood support would be coming in the event of a wartime scenario in the Far East. The other end of the hourglass encompasses Asia, China, and Korea and would be the potential outflow or destination of blood and blood products in a wartime scenario to combat areas.

The Pacific Command Blood Program prior to approximately 1977 was administered by the Army at Camp Zama on mainland Japan. At this time the program was transferred to Navy control and physically moved to Okinawa Japan. In 1980, when the author reported for duty as Director, Pacific Command Blood Program Office; the physical plant, emergency generator, etc., was in excellent shape. However, an effective readiness posture and an orderly set of plans for providing the support described above had not yet been developed. It was identified early on that in addition to a Technical Standard Operating Procedures (Technical SOP) which described the proper methods for performing the correct procedures to process blood and comply with patient safety regulations, there must also be a defined set of procedures which was to become known as The Administrative SOP/AdminSOP/Mobilization Information Guide. This would cover areas which a Technical SOP would miss. Some of these areas are donor procurement, unit processing, frozen blood components, material management, supplies, ordering, shipping, communications, Exercise Participation, military personnel, records and quality assurance, reports, watchbills, recall rosters, classified materials management, and physical plant maintenance and security for PACOM BPO - Building 1760, Camp Kuwae (later called Camp Lester).

In addition, PACOM BPO was responsible for training, exercising, and technically coordinating Blood Transshipment Centers (BTC) at major military airheads throughout the Pacific Theater. These BTC's were not medical facilities. They were primarily staffed by supply/shipping type personnel at the air transportation facility at major military air bases with only 1-2 medical supply type personnel assigned to the BTC team. No lab/blood bank personnel are assigned to this team. The mission of the BTC Team is to receive a shipment of blood, check it for proper temperature, reice it, take care of the proper paperwork, and reship/forward the blood on to its next destination. A pallet of blood may contain up to 120 boxes of blood or 3000 units of blood (packed rbc). This evolution of checking, reicing, etc. must take place in a minimum of time as time may be of the essence. Certain aspects of this manual may apply to the BTC - shipping, packing, communication, etc. It is for the above reasons that the Mobilization Information Guide was developed.

II. REVIEW OF THE LITERATURE

A review of available Technical and Administrative Publication, Guides, and Instructions indicated there was no "one" document that could be instituted to adequately provide the type and degree of administrative procedures essential to the smooth operation of a facility such as The PACOM BPO. The operation of a complex interrelated, inter-service facility responsible for providing critical life-saving blood support for emergencies, contingencies or combat support must be well documented. This is a requirement for several reasons. First, it is conceivable that the "skeleton-crew" (minimum staffing personnel) that exists at PACOM BPO in peacetime might not be "available" in a mobilization situation. Secondly, the workload could become so heavy in a very short period of time that the "on board" crew would not have time to orient additional personnel to job requirements and responsibilities. The driving motive behind the development of this manual was that the independent integrity of the facility would be protected from any potential change in the quantity or make-up of personnel assigned to PACOM BPO. This manual was meant to provide all the information necessary for trained blood bank personnel to continue the support of the mission with minimal or no guidance from present or former PACOM BPO personnel. Essentially, the existing PACOM BPO staff could leave at 5 PM on a given day, and a new crew (blood bank

type personnel) could report in at 7:30 AM the next day. The new crew by utilizing The Mobilization Information Guide could carry on with business as usual with a minimal noticeable effect on the operation of the PACOM BPO.

III. MOBILIZATION INFORMATION GUIDE

DONOR PROCUREMENT

GENERAL:

Donors are recruited from Air Force, Army, Marine Corps, and Navy units on Okinawa. Donor quotas are spread as evenly as possible based on the relative number of available donors. Each participating unit is assigned specific weeks on an eleven week rotational basis. This assures adequate weekly donations throughout the year. Figure 3 is an example of the schedule format.

DONOR COORDINATORS:

Each participating unit has an assigned unit coordinator to act as liasion between PACOM BPO and those persons responsible for unit activities. This person is generally not associated with the medical department. Figure 4 is an example of the format for the donor coordinator list.

DONOR LOCATIONS:

Whenever possible donors will be drawn at PACOM BPO, Building 1760 Camp Lester. For those units unable to get to the Camp Lester area, mobile donor teams will be dispatched. Currently the northern Marine Camps, Torii Station and Hanza are the units to which Mobile teams will be sent.

TRANSPORTATION

Arrangements for transportation of donors from individual units to PACOM BPO will be made through the assigned Donor Coordinator. Transportation will be in one of 3 ways: 1) Individual arrangement; 2) supplied by the unit; 3) supplied by PACOM BPO through Base Transportation.

ALTERNATE DRAWING LOCATIONS:

During peacetime operations, all Blood Donors will be drawn at PACOM BPO or at designated mobile drawing sites. During exercises or contingency mobilization periods, Kadena Clinic will draw donors in their facility. Alternate drawing location requirements are clean, well-lighted and well-ventilated spaces having beds or adequate space to set up tables for use as donor tables. Figure 5 lists suggested mobile donor equipment and supplies for a primary drawing unit (up to 50 donors). Figure 6 lists suggested additional supplies required for additional donors in increments of up to 150 donors per secondary unit.

MEAL PASS:

A meal pass to the hospital cafeteria will be provided to those donating at this facility. This pass is valid for a twenty-four hour period from the time of donation. Arrangements for a picnic lunch (for groups/units) can also be made for those who do not wish to or are unable to eat at the cafeteria. It is essential that donors do not arrive at

hospital prior to 11:30 AM. This allows hospital personnel on limited lunch breaks the opportunity to get through the line. Figure 7 is an example of Meal Pass; Figure 8 is an example of Meal List for chow hall.

RECORD OF DONATION:

A record of donation will be provided to those individuals who desire their own documentation. PACOM BPO will maintain two separate sets of records for identification of those individuals who have donated or attempted to donate blood. These records will be maintained for a period of no less than five years from the date of donation. A file will be maintained for the same period for those individuals who were rejected or deferred until a later date. The following forms are essential for these purposes:

1) PACOM BPO Form 1 (3/79): This card is issued to the donors who desire to maintain their own record of donation. Space is provided for 18 separate donations. An example of this card is shown in Figure 9.

2) NRMC OKI 6300/14 (11-79): This document serves as a part of the overall processing system at PACOM BPO. It lists the individual donor number, the name of the donor and his/her unit or affiliation, the lot number of the bag and results of syphilis and hepatitis tests as well as the daily specific gravity determination of the copper sulfate. This sheet is generated each day that donations occur. Example

shown in Figure 10.

3) DD Form 572: This document is used to record the initial physical screening of the donor, and must be maintained for a minimum of five years from the date of intended donation. An example of this card is shown in Figure 11. A handout of guidelines/precautions for the donor are provided each donor upon completion of his/her donation. This handout, "Instructions to the Donor", is shown in Figure 12.

UNIT PROCESSING

GENERAL:

All processing shall be completed in a manner insuring maximum benefit from each unit donated. Each step in the process shall comply with those guidelines established by the AABB and FDA standards. Specific directions for the involved procedures will be contained in the appropriate sections of the PACOM BPO Technical Manual.

GUIDELINES FOR TESTING DONOR BLOOD:

1) Determination of ABO group: ABO group shall be determined by testing the red cells with anti-A and anti-B serums, and by testing the serum or plasma for expected antibodies with a pool of known group A cells (or single subgroup A1 cells) and with known group B cells. The blood shall not be released unless the tests are in agreement.

2) Routine determination of Rh type: The Rh type shall be determined with anti-Rho (D) typing serum. If the blood is typed as Rho (D) negative, it shall be tested using a technique designed to detect Rho (D) variants (Du). Routine testing for additional red cell antigens is optional. When the test for either Rho (D) or Rho variants (Du) is positive, the label shall read "Rho (D) Positive". When the tests for both Rho(D) and Rh variants (Du) are negative, the label shall read "Rho (D) Negative".

3) Tests for detecting antibodies: All donor blood

shall be tested for both expected and unexpected antibodies prior to the crossmatch, preferably at the time of processing. Methods for testing for unexpected antibodies shall be those that will demonstrate significant hemolyzing, agglutinating or coating antibodies. Blood in which such antibodies are found should be processed into components containing minimal or no plasma (packed red cells, washed red cells, or frozen red cells).

4) Serological tests for syphilis: An acceptable serological test for syphilis shall be performed on a specimen of the blood as required by the FDA. The blood shall not be used for transfusion unless the test is nonreactive.

5) Test for Hepatitis B Surface Antigen (HBsAg): All donor blood shall be tested for HBsAg using reagents and techniques specified by the FDA, or proven to have equivalent sensitivity and specificity. The unit of whole blood or blood components shall not be used for transfusion unless the test is nonreactive. In an emergency blood may be transfused prior to the completion of this test. If a transfused unit is subsequently found positive, the patient's physician must be notified. The medical director of the blood bank is the only person authorized to permit the transfusion of untested blood. This authorization will occur after consultation with the physician directly responsible for the care of the patient.

6) Repeat Testing: The facility performing the

compatibility test, if different from the collecting facility, must confirm the ABO Group on donor cells obtained from the integral pilot sample of all units of whole blood or packed cells and the Rh type of all negative units. Discrepancies shall be reported to the collecting facility and shall be resolved before issue of the blood for transfusion purposes.

7) Previous Records: A donor's previous record of ABO group and Rh type shall not serve as identification of units of blood subsequently given by the same donor. New determinations shall be made for each collection.

8) Retention of blood samples: All pilot samples shall be stored at 1-6 C for at least seven days after expiration of the unit.

RECORDS:

Test results shall be recorded and maintained for a period of not less than 5 years from the date of donation. All results will be listed and filed according to unit number. The following documents are used at this time:

NRMC OKI 6300/14 (11-79) Blood Donor Log (Figure 10)

PACOM BPO Form 3 (3/79) Blood Processing and Manufacture Log

Segment Typing and Verification Sheet

LABELING:

Blood and blood products will be labeled and verified

by two people according to the results listed on the processing sheets. All units will be cross referenced and discrepancies resolved prior to labeling.

DISPOSITION:

Upon completion of the processing, all units and components prepared from those units will be recorded in the disposition log found in the shipping area of PACOM BPO. This log will furnish all dispostion information. See Figures 14 and 15.

COMPONENT PREPARATION

GENERAL:

PACOM BPO is responsible for maintaining the various blood components necessary to meet the needs of the USNRMC Okinawa, other hospitals in the western Pacific and any contingency situation that might arise in this part of the world. In order to maintain adequate amounts of indate material, care will be taken to assure components are harvested as prudently and efficiently as is possible. Specific directions for processing are contained in Reference (f), the PACOM BPO Technical Standard Operating Procedures.

PRODUCT LABELING:

Labeling will conform to the standards established by the Code of Federal Regulations (606.120 Labeling), Reference (e), and will be completed in accordance with the PACOM BPO Technical SOP. All products will have a label affixed to their surface and if stored in a cryo-protective box, the container will have enough information to identify the contents. Examples of several blood component product labels may be found in Figure 16a, 16b, 16c, 16d, and 16e.

UNIT HANDLING AND STORAGE:

As with unit labeling all component units will be handled and stored according to the Code of Federal

Regulations Section 640. This facility will maintain sufficient quality control documentation to assure compliance. Further detail may be found in the section under Frozen Blood Components.

LABEL PROCUREMENT:

Labels can be obtained from the Government Printing Office located on Camp Shields by submitting a DD 1149 (9 part) to the Supply Service. Whenever possible submit examples of requested labels. All required specifications for labels must be followed exactly, paying specific attention to the cold/moist adhesive and special paper that will deface the label if removal is attempted. Due to the geographical location of Camp Shields, allow adequate time for procurement of proper adhesive paper, etc., in conjunction with current label inventory.

Prior to final printing you will be asked to "proof" the labels to assure the information is correct and within established guidelines.

FROZEN BLOOD COMPONENTS

GENERAL:

Information concerning this section of the document was obtained from the AABB Technical Manual, Reference (d), Chapters 3, 17, 22 and 24, the Code of Federal Regulations Section 640 and the PACOM BPO Technical SOP. All products will be collected, processed and stored according to the above guidelines or those of other accreditation or licensing agencies. In all cases, if established requirements of these agencies differ, the more restrictive guidance will be followed.

PEACETIME UTILIZATION:

During normal periods of operation PACOM BPO is the primary supplier of both liquid and frozen components to the USNRMC Okinawa Blood Bank. PACOM BPO also provides fresh frozen plasma (FFP) and cryoprecipitate to other satellite operations within the Pacific theater who are unable to meet their own component requirements.

CONTINGENCY REQUIREMENTS AND STORAGE LEVELS:

Due to the possibility of potentially explosive situations within this theater, PACOM BPO must maintain the ability to respond instantly with large volumes of blood products. To facilitate this, the following minimum quantities (given in units) of frozen blood or blood

components will be maintained at this facility at all times:

Frozen Red Cells, Group O Rho Positive or Negative---2500
Fresh Frozen Plasma, any Group or Type----------400-600
Cryoprecipitate, any Group or Type----------400

DISPOSTITION OF EXPIRED COMPONENTS:

Every effort will be made to find an appropriate use for all blood products prior to expiration. However, due to contingency requirements a substantial number of units will be disposed of in one of the following ways. All blood products and their disposition will be logged in an appropriate manner to assure record of destruction and disposition.

1) FFP and Cryoglobulins will be used in support of ongoing research to NBRL, Boston, MA. whenever appropriate. Presently the interest is on Cryoglobulins and related derivatives. Any expired cryoprecipitate or the cryoglobulins from expired plasma will be sent to Boston if possible (these will be shipped under appropriate temperature conditions, i.e. dry ice, etc.).

2) Those products not used for research purposes will be utilized for quality control where appropriate.

3) Any remaining plasma products will be utilized in the salvage Plasma program.

4) Red cells will be destroyed by steam sterilization

according to the guidelines established by the PACOM BPO Technical SOP. This will be recorded on the Autoclave Log, PACOM BPO Form 6300/20 (New 12/81), Figure 17. This document records unit numbers, run date, time of run and the pressure reached as required by accreditation agencies.

5) Any other components will be destroyed by autoclave and recorded along with the red cells.

FROZEN PRODUCTS AVAILABLE AND THEIR USE:

1) Fresh Frozen Plasma:

a) FFP use: Plasma contains mainly proteins, albumin, globulin, coagulation factors, water and electrolytes. Plasma should be used primarily for it's clotting factors and is particularly indicated in the treatment of clotting factor deficencies VIII, VII, XI and X when specific concentrates are not available. The product is also of great value when deficiencies of multiple factors exist, i.e. liver disease, defibrination, massive blood replacement using stored blood or a number of other problems.

b) Required Quality Control: All reagents used in preparation of this product are subject to quality control (QC) procedures on the day of use as outlined in the PACOM BPO Technical SOP. Quality Control must include the calibration of the various centrifuges used. It must also include the permanent storage device (freezer, refrigeraton, etc.). Equipment temperatures and alarms must also be

checked periodically to ensure proper reading and function. These checks shall be recorded on the "Temps and Alarms Log Sheet" shown in Figure 13. The product shall be frozen in such a manner that a permanent indentation remains as long as the unit is frozen and disappears upon thawing. This is accomplished by placing a triangular block or 15 ml test tube in the box while the unit is freezing and removing it 24 hours later. Subsequent storage of the product shall be in an orientation such that thawing and refreezing will cause the indentation to disappear.

2) Cryoprecipitate

a) Each bag of cryoprecipitate has about 30-50% of the factor VIII activity of the original unit of plasma in less than 3-5% of the original volume. Therefore, a unit of cryoprecipitate contains 80-100 Factor VIII units (one unit being that amount of Factor VIII present in one ml. of normal plasma). This product is used for the treatment of patients with Classic Hemophilia, von Willebrands Disease, other Factor VIII deficient states and decreased fibrinogen levels.

b) Quality Control of Cryoprecipitate: The same rules governing QC of FFP apply to cryoprecipitate. In addition random units will be selected periodically and Factor VIII assays shall be performed. Specific details for testing may be found in the PACOM BPO SOP.

3) Frozen Platelet Concentrates

a) Use: Platelet concentrates may be derived

either from single units or whole blood or by plateletpheresis. Each single donor concentrate should contain not less than 5.5 X 10E10 platelets in 30-50 ml of autologous plasma. A pheresis donor should provide approximately 6-8 single donor unit equivalents. Indications for platelet transfusion are reasonably well defined. Patients with thrombocytopenia due to inadequate platelet production who are actively bleeding will benefit from transfusion. Surgical patients with actual counts below 50,000 platelets per cu mm or medical patients with actual counts below 25,000 platelets per cu mm are generally candidates for platelet therapy. Other areas where transfusion may be necessary are patients with bone marrow supression due to chemotherapy, platelet dysfunction or dilutional effects due to massive transfusion of stored blood.

b) Quality Control: Each centrifuge shall be calibrated to determine the optimum times and speeds of centrifugation and the correct temperature for separating platelet rich plasma from the red blood cells, and for preparing the platelet concentrate. Actual platelet counts and pH determinations will be done on four units of platelets per month prior to freezing. Directions that specifically outline the procedure for freezing, maintaining and assuring the quality of the product are found in the following document:

STANDARD OPERATING PROCEDURES FOR FREEZE PRESERVATION OF HUMAN PLATELETS ISOLATED FROM UNITS OF WHOLE BLOOD OR FROM DONORS BY APHERESIS PROCEDURES; FROZEN WITH 6% DMSO AND STORED AT -80 C; AND WASHED WITH SODIUM CHLORIDE-GLUCOSE-PHOSPHATE SOLUTION; RESUSPENDED IN PLASMA AND STORED AT ROOM TEMPERATURE FOR UP TO 6-8 HOURS PRIOR TO TRANSFUSION. This procedure may be found in the PACOM BPO SOP.

4) Frozen Red Cells

a) Use: PACOM BPO is freezing primarily outdated Group O Red Blood Cells. Specific procedures, reagents and equipment for this purpose are found in the Standard Operating Procedures for Red Cells Frozen in the Primary PVC Plastic Bag using 40% w/v Glycerol and Storage at -80 C., Washed and Stored at 4 C for 24 Hours. This product is not licensed at present but reserves will be maintained to provide the required capability to respond effectively to a contingency situation. Good manufacturing practices (GMP) will be utilized in all steps. This product is ideal for IgA deficient patients due to its marked reduction in plasma protein. It is also a good product for those individuals subject to transfusion reactions of indeterminant origin. Another advantage lies in the fact that these cells can be stored for long periods of time enabling PACOM BPO to meet contingency needs. These units are available as indate rejuvenated, indate not rejuvenated, or outdate rejuvenated. The latter category comprises the majority of that which will be frozen.

b) Quality Control: The procedures outlined for this purpose are listed in the previous document and recorded on the Freeze Data Sheet, Figure 18a for units when they are rejuvenated, then glycerolized. Data obtained from wash/deglycerolization of frozen glycerolized red blood cells is recorded in Figure 18b.

MATERIAL MANAGEMENT

GENERAL:

The supplies and equipment maintained at the Pacific Command Blood Program office are generally the responsibility of a single individual. This insures that alloted funds are expended judiciously and orders for products are not duplicated. This also facilitates communication ease as all correspondence is channeled through one person whenever possible. The supply petty officer may sign for Standard Stock items however the CPOIC or OIC(s) must sign all Open Purchase requests (DD 1149s).

REQUIRED STOCK LEVELS:

Due to the logistics problem associated with overseas commands, PACOM BPO will attempt to maintain a 60 day supply of all items necessary to draw, process and ship blood and blood components wherever needed. Experience has shown that replenishment can be reasonably expected within this time frame. Levels may vary depending on availability and state of the art changes.

ORDERING DOCUMENTS:

Supplies are ordered on one of two documents; DD Form 1348 (6-part) Figure 19, or DD 1149 (9-part) Figure 20. All Federal Stock items (FSN items) are ordered on the DD Form 1348 (6-part) and all Open Purchase items are ordered on the

DD Form 1149 (9-part).

1) Specific directions for filling out the DD Form 1348 (6-part) have been provided by Supply Service and these must be followed to expedite the process. These directions are contained in Figure 21. The forms are found in the area reserved for the supply petty officer.

2) Specific directions for filling out the DD Form 1149 (9-part) are contained in Figure 22. When ordering supplies on this form it is reasonable to expect a six to eight week lag from order to delivery. Because of this, extreme care must be taken to assure that the requirements are clear and the form is complete.

RECORDS:

The supply petty officer will at all times be able to provide a status report regarding the condition of material readiness. A system will be in order allowing ready access to information regarding what was ordered and the status thereof. A separate folder will be maintained for each of the following categories: open purchase items, FSN items and those items maintained by standing order or drop shipment contracts.

Open Purchase Items:

1) A copy will be made of the DD Form 1149 for all open purchase items not included as part of a drop shipment or standing order. Place this copy on the left side of a folder for open purchase items.

2) When an order has cleared Supply Service, the Comptroller copy 7 of the DD Form 1149 will be returned. Replace the initial copy retained with this copy. Retention of copy 7 indicates that Supply Service has ordered the item in question.

3) Upon receipt of the order remove copy 7 from the left side of the folder and place copy 1 (that copy received with the order) on the right side of the folder. This serves as a reflection of receipt and of the actual price.

4) In the event of a partial order indicate those items still outstanding on copy seven and leave it on the left side of the folder until the order is complete.

FSN Items:

A separate folder will be maintained for Federal Stock items similiar to that described above.

1) When ordering a FSN item make a copy of the 1348 and place it on the left side of a folder.

2) When the order is delivered pull the copy on the left side of the folder and place the receipt copy on the right side. As previously described for open purchase requests, this indicates receipt and price (amount charged against budget account).

3) In the event of a partial order, do not remove the copy on the left. Make a note to indicate what is still outstanding. When the order is complete it may be removed.

Standing Order or Drop Shipment Contracts:

A separate folder will be maintained for standing order

items.

1) Upon receipt of a contract for drop shipments place a copy on the right side of the folder. This will serve as a record of receipt.

The "Green Book":

In addition to the documents and folders listed above a Green Book" shall be maintained providing the following information.

1) Date

2) FSN Number or Product Number

3) Item

4) Quantity

5) Price

6) Date of receipt

7) Quantity received/comments

8) Budget Balance

9) Verification from the Computer Sheet

All computer printout sheets sent by the comptroller will be filed for future reference after verification in the "Green Book".

COMMUNICATION

GENERAL:

The usual forms of written communication, i.e. letters, Telex traffic, messages, memorandums, etc. are all used depending on the situation. All follow standard Navy format and can be found in the Navy Communication Manual located in NAVREGMEDCEN OKINAWA INSTRUCTION 2303.1A, Reference (g). A number of other communication manuals are available in Central Files at the hospital. Military messages are a form of electronic communication that provide a fast efficient means of rapid hard copy transmission of information to multiple recipients at one time. Their civilian counterpart is the telegram, with the added feature here that there is an established mechanism for regular (at least daily) pickup of daily electronic mail by each military unit or organization. Proper completion of a message form is very straightforward within a few basic guidelines.

RESPONSIBILITIES:

Although many of the sections at PACOM BPO are responsible for the communication pertaining to their individual work spaces, the majority of the correspondence originates in the administrative area of the department. The following general rules apply in all cases:

1) At present, only the Director, PACOM BPO has message release authority, and for matters regarding PACOM

BPO business only.

2) If the Director, PACOM BPO is not available to release messages, messages will be signed by the Director, Administrative Services or the Administrative Officer of the Day.

3) Each person is responsible for the contents of their own message. Much of the information sent is of a sensitive or confidential nature and must be handled appropriately.

4) A copy of all message traffic as well as any other official correspondence will be maintained on file at PACOM BPO. This file will be located in the Administrative Reception area for unclassified material and in the PACOM BPO safe for anything classified or sensitive in nature.

5) Messages regarding the shipment of blood or blood products will be sent according to the format as in Figure 23. This format has been standardized throughout the Donor Centers in the Pacific Theater. Figure 24 is an example of this format and Figure 25 is a sample Blood Product Shipment Message.

MESSAGE TRAFFIC:

Reference (g) gives specific directions for this form of communication. Figures 26 and 27a are examples of classified and unclassified messages respectively. Figure 27b is an example of an unclassified message readdressal. All messages will be sent via central files during normal

working hours or to the Operating Management Office after normal working hours.

TELEPHONE COMMUNICATION:

This form of communication is very similiar to the message form described earlier under Message Traffic. Minor modifications allow communication with companies or organizations not normally associated with the military. Figure 28 is an example of this communication format.

1) The address may not exceed 3 lines.

2) ACCT NA-CNRF is standard and will be included on all Telex correspondance issued by PACOM BPO.

EXERCISE PARTICIPATION

GENERAL:

The Pacific Command Blood Program Office and it's satellite facilities will participate in all exercise activities deemed appropriate by CINCPAC, BUMED or other sources of authority. The extent of actual participation will be decided prior to the exercise commencement by PACOM BPO subject to the responsibile originating authority.

RESPONSIBILITIES:

1) Actual responsibilities of PACOM BPO and satellite facilities will vary from exercise to exercise depending on the nature and scope intended. PACOM BPO will establish or be advised of donor quotas prior to commencement and disseminate this information to those who require such. Outside facilities will acknowledge receipt of the information and act accordingly.

2) Receipt of activation will be acknowledged by telephone and message according to the predetermined guidelines established in the PACOM BPO 1982 Readiness Conference. This will take place immediately upon receipt.

3) PACOM BPO will function in a "Clearing House" concept in a "wet" exercise. All incoming units will be retested for ABO Group and Rh Type. Initial testing by the collecting facility is to include ABO and Rh as well as syphilis and hepatitis test procedures. PACOM BPO will

recheck the labels, but individual donor centers are to affix a permanent label meeting all requirements to all units of blood/blood products at the collecting facility. The exception to the above shall be those units collected by Kadena Clinic. Records of receipt ceipt and transfer will be maintained by PACOM BPO. All incoming units are to arrive as packed red blood cells with the exception of those units drawn at Kadena Clinic. Records of receipt and transfer will be maintained by PACOM BPO for a period of not less than five years.

NATURE OF THE EXERCISE:

The purpose of the exercises PACOM BPO participates in shall be to determine and maintain readiness potential. Exercises will be of two types; "wet" where actual blood is collected and shipped or "paper" involving simulation of collection with required actual message traffic. All participation shall be as close to actual involvement as is possible.

INFORMATION MAINTENANCE:

PACOM BPO will maintain copies of all incoming and outgoing messages. These shall be filed appropriately according to the security classification. IT IS ESSENTIAL THAT ALL MESSAGE TRAFFIC BE MAINTAINED as it is often the sole source of problem resolution.

AFTER ACTION REPORT:

Following exercise completion PACOM BPO will file an after action report with the convening authority. This report shall include problems encountered, proposed solutions and an assessment of participation by the involved facilities. PACOM BPO will maintain the responsibilities of dissemination of this report to all parties requiring this information. The After Action Report shall be completed as soon as possible after the completion of the exercise.

MILITARY PERSONNEL

GENERAL:

The management of human resources utilized by the Pacific Command Blood Program Office is a responsibility of the Administrative Section of the organization. The functions of the involved individuals will obviously change with the influx of new people and the technical maturity of those on board.

Staffing levels at PACOM BPO are driven by many factors. There are, however, two basic requirements that dictate minimally acceptable standards. In order to meet operational commitments PACOM BPO must draw an average of eighty units per week. Additionally, the ability to reach and maintain emergency levels dictated by situational requirements must be assured. These necessities place some unusual burdens on PACOM BPO as an entity. The drawing of eighty units per week requires a great deal of support, and success or failure is based on the effectiveness of the public relations program in use. Many hours are required to establish the contacts necessary to put eighty donors in the same spot in a given week and many more into assuring that they will be repeat donors in eleven weeks. This cycle is essential if PACOM BPO is to continue successful operations on Okinawa.

Because our existence is based on contingency needs, more blood is collected than can be utilized on Okinawa.

These units support other Theater operations with smaller donor populations, exist as insurance, and augment CONUS military hospital blood inventories. Units not used in these pursuits are shipped to the Navy Blood Research Laboratory, Boston, Massachusetts. Components harvested from the above units are maintained for contingency use or sent to areas unable to procure their own. The PACOM BPO mission is Tri-Service and multi-institutional in scope.

Due to the possibility of role expansion, a need for rapid response, and occasional work days in excess of the normal eight hours, a staff composed primarily of military personnel is desirable. This allows increased flexibility in personnel utilization. It also offers increased participation in planning, logistical support, and other task relevant functions requiring access to classified material. At the same time, a limited number of civilians offer the advantage of continuity and provide the required language translation for logistical and maintenance support. The actual number of people required to support the PACOM BPO mission are based on the following tables and reflect only those necessary for support of the present requirements. These tables may be found in Figure 29 is a staffing analysis for PACOM BPO.

MANPOWER:

Presently PACOM has the following persons on board.

Officers: LCDR (1)

LTJG (1)

Enlisted: HMCM (1)

HM1 8506 (2)

HM2 8506 (1)

HM2 8501 (1)

HM3 0000 (2)

The rank of these individuals may vary somewhat, however, the positions (NEC's) should remain stable. These numbers are generally adequate for normal operational modes. The following sources may be used for augmentation personnel requirements depending on the situation:

1) Contingency Personnel Staffing for PACOM BPO, Figure 30.

2) Internal temporary support (i.e. Laboratory, Hospital Staff, Volunteers, etc.)

3) Kadena Clinic personnel

4) Outside support personnel. People from outlying areas are utilizing for nontechnical duties on mobile runs. Things like watching the recovery area or stripping and segging units are acceptable tasks for these individuals.

ASSIGNMENTS AND UTILIZATION:

Assignments are based on PACOM BPO needs and the ability of individuals within the system. 8506 NEC's are utilized primarily for those areas requiring technical expertise or background beyond the scope of an 8501 NEC. All NECs are used in the area of donor procurement, mobile

blood runs, duty, etc. The basic assignments are as follows:

Shipping and Receiving (includes inventory control)	8506 (1) 0000 (1)
Donor Processing	8506 (2 or 3)
	8501 (1 or 0)
Supply	8506 (1)
General Duty	8501 (1)
	0000 (1)
Administration	LCDR (1)
	LTJG (1)
	HMCM (1)

Flexibility is necessary due to the limited staffing levels. During contingency periods an even greater degree of flexibility will be required. Figure 31 gives a general impression of the anticipated need. The above paragraph reflects required functions (as a basis for required personnel levels.) under normal modes of operation.

INSERVICE TRAINING:

All Pacific Command Blood Program Staff members shall maintain a working knowledge of all activities at this facility whenever possible under current NEC or security restrictions. This is necessary in the event of leave, liberty or other unforeseen circumstance where personnel may

be required to assist in other than their primary assigned areas. Instructions will be formally given upon receipt of new equipment, incorporation of new procedures or other events of significance.

EMERGENCY CARE TRAINING:

All personnel below the rank of E5 reporting to NRMC Okinawa are required to complete EMT training which includes Basic Life Support, CPR and fire safety. In addition, all enlisted military personnel will have completed a phase of combat medical training, (FMSS). It is felt that this level of training is adequate to support a situation until compe tent medical authorities arrive or direct treatment. Staff scheduling will ensure that a trained person is always available.

FITNESS REPORTS/EVALUATIONS:

Fitness Reports for all Officers assigned to the Pacific Command Blood Program Office shall be submitted in accordance with the following guidelines:

1) Reference (h) NAVMILPERSCOMINST 1611.1 NMPC-323/PER373 12 May 81

2) Reference (i) NAVREGMEDCEN OKINAWAINST 1611.1A 4 May 82

All enlisted evaluations will be submitted in accordance with the following:

1) Reference (j) BUPERSMAN 3410150

2) Reference (k) NAVMILPERSCOM INSTRUCTION 1616.1 NMPC-322 10 August 1979

LEAVE AND LIBERTY:

Leave and liberty policy will be established in eccordance with guidelines of the Navy and USNRMC Okinawa. Normal working hours are from 0730-1630 Monday through Friday with the exception of holidays which fall in this period. Details are found in reference (l) NAVREGMEDCEN OKINAWAINST 1050.1B.

DUTY HOURS:

Duty hours and instructions or this time may be found in "Watchstanding Procedures for Pacific Command Blood Program Office Personnel" (Figure 34).

ADVANCEMENT:

Advancement requirements shall be in accordance current Navy directives obtainable from NRMC Human Resources Management, NRMC Okinawa Career Counselor or the Personnel Support Detachment at CFAO. PACOM BPO will ensure the allotment of sufficient time for individuals to obtain the necessary documentation to participate in the advancement examinations (i.e. inservice training, service record verification, etc.) and to allow individuals to attend the command directed advancement training sessions described in Reference (m).

RECORDS AND QUALITY ASSURANCE

GENERAL:

The Pacific Command Blood Program Office will retain documentation of all procedures and test results on controls, units collected, units stored and units shipped for a period of not less than five years. Written instructions detailing what is done or needed, how often it is required and who is responsible will be found in the Pacific Command Blood Program Office Standard Operating Procedure.

QUALITY CONTROL:

Every step from the initial phlebotomy to the final infusion or disposition of a unit of blood or blood component product thereof shall be controlled in such a manner that virtually all chance for human error is reduced to a point of near nonexistence. The following areas are controlled and records maintained in the following manner.

1) Transfusion Review Committee - Although it deals primarly with transfusion specific problems relating to PACOM BPO and the hospital transfusion service, other transfusion problems will be discussed if necessary. This committee routinely meets quarterly or more often if directed to discuss specific cases or areas wherein problems with blood or blood products are encountered. All minutes or documents generated by this committee are a matter of

public record.

2) Proficiency Testing - The College of American Pathologists testing program is used for reagent and hepatitis testing. This involves the identification of unknown samples or verification of disease states.

3) Equipment - Refrigerator and freezer temperatures are taken at least twice daily to ensure proper function. Thermometers are placed in all areas within the chamber to assure even cooling and a chart is maintained as a permanent record for at least five years. Alarm function checks for both high and low temperature on the freezers are done at least monthly. These are recorded on Figure 13. All cooling equipment is equipped with a visible alarm, an audible alarm attached directly to the chamber, and a remote alarm designed to sound in the duty room.

a) Centrifuges - Upon receipt all centrifuges will be tested for speed, timer settings, and function checks (hemagglutination studies) if appropriate. This will be repeated any time the equipment leaves the building for repair or for any other reason. Timer settings and RPM checks will be repeated periodically as per instructions in the PACOM BPO SOP.

b) Heating Blocks - Heating Blocks will be checked for temperatures daily. The thermometer position will be varied to assure even distribution of heat throughout.

c) Donor Scales - Donor Scales will be

tested daily (each day of use) and the results of this testing shall be recorded in the "Donor Center Scale Quality Control Log" (Figure 35).

d) Autoclave - The Autoclave will be tested according to the procedure established by the USNRMC Laboratory on a weekly basis using a vial of Bacillis spores and an unautoclaved control. Results of this test shall be maintained in the Autoclave log (Figure 17).

4) Copper Sulfate - The Cu2SO4 used in qualitative hemoglobin determination will be tested daily (each day of use). The specific gravity of the solution used in determining hemoglobin in males shall be 1.055 and that for females shall be 1.053. Results of this test will be recorded on the "Donor Log Sheet" (Figure 10).

5) Reagents and reagent red cells - Antisera, reagents and reagent red cells will be tested on each working day (each day of use) using the procedure and guidelines established by the Gamma RQC III System. The results of this testing will be retained in the processing section of PACOM BPO for a period of not less than five years.

6) Syphilis and Hepatitis Testing - Results of syphilis and Hepatitis test controls shall be recorded on the Blood Donor Log for the day of use. These will be filed appropriately (Figure 10).

RECORDS:

1) Donors: A record of donation will be maintained on

the SF 572 (Figure 11) and the Blood Donor Log (Figure 10). These shall be filed according to unit number and therefore provide a vehicle for donor recall should it become necessary. Results of specific tests along with appropriate controls shall be maintained on the Flat Logs in the processing area.

2) Disposition: All units and components thereof will be entered into a disposition log maintained in the shipping area of PACOM BPO (See Figures 14 and 15). They will be entered and removed from this log as appropriate. These logs will be maintained for a period of not less than five years from the date of entry.

3) Autoclave Log: Any units expiring at PACOM BPO or the Naval Hospital will be destroyed by steam sterilization as prescribed in the AABB Technical Manual (Reference d). A record of this will be maintained in the Autoclave Log (Figure 17) and in the appropriate disposition log Figures 14 and 15). The temperature chart from the autoclave verifying duration and maximum temperature of the run will be maintained with the unit disposition records as well.

REPORTS

GENERAL:

There are a wide variety of reports required as part of the normal operations of PACOM BPO. These range from workload and inspection reports to after action reports from military/medical exercise participation events. Some of these reports are required monthly, some quarterly, some annually, and some at the conclusion of particular events such as an after action report or trip report to critique or summarize a sequence of events.

MONTHLY WORKLOAD REPORT:

This report generates data required by the Quarterly Blood Bank Operational Report, and includes items such as donors screened, drawn, units processed, labeled, shipped, received, transfused, expired, etc.. The monthly report is an internal PACOM BPO report. It is to be consolidated for outside quarterly reports. The extremely high degree of accuracy required in blood bank/blood donor center reports is most effectively maintained if the books are balanced monthly. This report is one of the most critical from an accounting standpoint as many of the other PACOM BPO reports are based on this report. The quarterly blood bank operational report form is used for the monthly report.

MONTHLY WORKLOAD/MORBIDITY REPORT:

This report provides a limited amount of information from that found in the Monthly Workload Report. It is used for the Patient Affairs report for workload from hospital departments. The Monthly Workload Report form is shown in Figure 36.

QUARTERLY BLOOD BANK OPERATIONAL REPORT:

This is a quarterly summary of all blood bank/blood donor center activities. See Figure 37. This report is required by BUMED for PACOM BPO blood bank activities.

PACOM BPO OPERATIONAL REPORT:

A composite of all BB (Navy, Army, Air Force) for the Pacific Theater is required for submission to CINCPAC Code J-76 (CINCPAC - Surgeon's Office). See Reference(p). This is essentially the same information as required in the Quarterly Blood Bank Operational Report but must be consolidated for all Tri-Service activities in the Pacific Theater.

ZONE INSPECTION, CORRECTIVE ACTION:

Zone Inspections are periodic inspections primarily to determine that effective measures are being taken to maintain equipment, and spaces in a satisfactory state of cleanliness and working order. These inspections are generally held on Friday, once per month, as designated by

each individual command. Noted deficiencies are reported to the Commanding Officer. Results of corrective action must be reported to the Commanding Officer in a timely manner in memorandum format. Guidance for this is provided in Reference (o).

FDA ENFORCEMENT REPORTS:

The FDA Enforcement report is an informative type report to detail some licensed biological product which has been recalled or is of potentially questionable or dangerous quality if used with or around patients or patient's blood samples. This type of report may or may not require a response to higher authority. An example is shown in Figure 32.

MILITARY PAY ROSTER:

A list of military personnel by department must be submitted to the Human Resource department prior to each pay day. This allows the paychecks or direct deposit slips to be picked up by the indicated person. A sample is shown in Figure 38.

AFTER ACTION REPORTS:

The purpose of these reports are is to document problems encountered in exercises, provide background information for these problems, give proposed action and recommendations for resolving these problems. They are

generally done in memorandum format addressed to the appropriate authority, with required "Via" addresses.

READINESS REPORT:

This report deals with some of the same issues as the After Action Reports except that it deals with the current state of readiness from a prospective standpoint rather than a retrospective standpoint. The reporting format here is similar to the After Action Report.

WATCHBILLS

GENERAL:

Watchbills are necessary to assure that adequate coverage exists to handle any situation which might arise. The watchbills that are usually required are as follows: PACOM BPO Duty Watchbill, PACOM BPO Emergency Recall Roster and the PACOM BPO Typhoon Watchbill.

DUTY WATCHBILL:

1) Watchbills are submitted to HRM by the 20th of the month preceeding the duties in question. A copy will also be submitted to Operating Management, Laboratory Service, and to each watchstander.

2) Prior to submission ensure that people are not on leave or command night duty by checking with Human Resource Management.

3) After the watchbill has been submitted to HRM, changes to the document will be accomplished by submitting a written request to the person responsible for submission. Personnel desiring to make a change will be required to provide their own substitute.

4) Figure 39 is an example of this type of watchbill.

5) Emergencies will be covered by the top person on the Supernumerary List.

EMERGENCY RECALL ROSTER:

1) This roster is provided to allow access to personnel at all times. It provides the information necessary for telephone contact or if no phone is available it gives specific directions to the person's residence.

2) The document should be updated to include any changes in the following required information:

a) Name and Rank

b) Social Security Number

c) Address

e) Phone

3) Personnel living outside the confines of a base will be required to provide up-to-date maps to their quarters.

4) This roster will be submitted to Human Resources Management, Operating Management and maintained at PACOM BPO.

5) Figure 40 is an example of this document.

TYPHOON WATCHBILL:

1) A Typhoon Watchbill should be instituted on 01 June and run through 31 December. It will be submitted to Human Resources Management and the Laboratory service on a monthly basis. Figure 41 is a sample Typhoon Watch Bill.

2) 3 people on 3 Section are ideal for this watchbill. Watchstanders will muster with the OOD during a typhoon and OKINAWAINST 3442.1C, Reference (n), should be reviewed by

all personnel prior to standing the duty.

3) When Condition One - Caution (Condition 1-C) goes into effect, a memo should be submitted to the NRMC Chow Hall requesting adequate supplies of C-rations for watchstanders. Condition One - Caution is the state of typhoon alert at which destructive winds in excess of 50 knots or greater are anticipated within 12 hours. Actual winds including gusts are 34 - 49 knots. Unused meals are to be turned in during the All-Clear period after the typhoon and payment for used rations paid to the collection agent. Payment for used C-rations is an individual responsibility.

4) When Condition 1-C called, the 2 ton Refrigerated Truck must be picked up by PACOM BPO personnel and maintained at PACOM BPO. This assures refrigeration capabilities during power outages and allows for the transport of blood to the hospital in the event of emergencies.

CLASSIFIED MATERIAL

GENERAL:

All classified material arriving at PACOM BPO will be handled with the discretion it deserves. PACOM BPO will operate under the "Need to Know" principle at all times.

RESPONSIBILITIES:

1) Each person working at PACOM BPO is responsible for the integrity of the material and information with which he or she comes in contact. Under no circumstances will any classified material be left unattended for any reason. Unauthorized individuals (i.e. local nationals, visitors, and other non-cleared personnel) shall not be in the immediate vicinity when classified material is open/visible.

2) Material of a classified nature will be secured in the safe at PACOM BPO. The combination of that safe will be known to the officer(s) assigned to PACOM BPO, the senior enlisted person assigned and to the security officer designated for the command. Should the need for entry arise and one of these individuals not be present, the combination is maintained in the safe located in Operating Management, and can be obtained through the Officer of the Day for the hospital. This combination shall be properly maintained in the special envelope and insert following guidance on the front of the envelope shown in Figure 42.

3) All personnel assigned to PACOM BPO will maintain

at least a Secret clearance. Much of the information required to function on a routine basis is sensitive in nature and all incoming personnel will be advised of such. Failure to qualify for this clearance level precludes assignment to this facility.

4) Upon receipt of classified material it will be logged in the Classified Materials Receipt Log located in the safe according to the prescribed format. All information will be completed at this time. Only persons with access to the safe shall maintain this log. Figure 60, Safe or Cabinet Security Record will be completed daily (M-F routinely) unless the safe is opened on a weekend or holiday, in which case, it will be completed at that time.

UTILIZATION AND STORAGE:

Material will be maintained at PACOM BPO only as long as it's presence is required. It shall be maintained in chronological order according to the date time group appearing on the document. Those persons requiring the use of the material will be responsible for proper relocation upon completion.

DISPOSITION:

Classified material shall be disposed of in one of two ways: 1) Returned to the Security Officer for filing, or 2) burned. Disposition will be noted as perscribed in the Classified Material Log. All entries will be signed by the

responsible party.

TRANSMISSION:

1) The person preparing the classified message will be responsible for assigning the appropriate classification based on the contents of the document. All classified material will be typed with the "secret ribbon" located in the safe. Upon completion of typing the document will be maintained in a security folder of the appropriate level of classification and the ribbon returned to the safe.

2) Material will be overwrapped in double envelopes (the inner one only, bearing the classification level) and hand carried to Operating Management or Central Files and personally handed to a responsible party. Under no circumstances will it leave the physical possession of the messenger until delivery is accomplished.

3) It shall be the responsibility of the USNRMC Okinawa personnel to transport classified material to Camp Butler Communication Center for message dissemination.

SECURITY CLEARANCE FOR ASSIGNED PERSONNEL:

A prerequisite of assignment to PACOM BPO shall be a security clearance of Secret or greater. There will be no exceptions to this requirement.

ACCESS TO CLASSIFIED MATERIAL:

All information will be handled on a "Need to Know"

basis regardless of an person's security clearance. Dissemination shall be at the discretion of those persons with access to the safe. Each person shall maintain the integrity of material in his/her possession.

DETACHMENT INSTRUCTIONS:

Upon detachment of anyone with access to the safe the combination shall be changed. A record of this change will be maintained in the Classified Material Log and the new combination will be placed in the safe located in Operating Management department in a special envelope specifically for this purpose. A sample of this envelope and insert is shown in Figure 42.

PHYSICAL PLANT BUILDING 1760

GENERAL:

Building 1760 is located on the Camp Lester Compound and is serviced primarily by Public Works Department, Camp Lester or the Public Works Department, Camp Foster. Maintenance documents. i.e. blueprints, wiring diagrams, etc. are maintained by Public Works Department, Camp Lester.

LOCATIONS:

As stated in the previous paragraph, physical support for this facility is located on the Camp Lester Compound. The notable exception to this is telephone service which is provided by the Telephone Service Center located on Kadena and message traffic which is handled through the Message Center on Camp Butler.

ROUTINE OR NORMAL OPERATIONAL SUPPORT:

1) Utilities necessary for normal operations are provided by the U.S. Naval Regional Medical Center, Okinawa, Japan.

2) Supplies and equipment are funded through the Comptroller, USNRMC, Okinawa and provided by the Supply Department. Items associated with plant maintenance are provided by Public Works.

3) Maintenance is provided by Public Works and is

initiated when PACOM BPO submits a work request (NAVFAX9-11014/20 Rev 2-68). A sample copy of this document is represented in Figure 43.

SUPPORT AFTER MOBILIZATION:

1) Utilities will be provided by the USNRMC Okinawa. In the event that this becomes impossible, PACOM BPO has a generator capable of providing the required electricity to maintain the full scope of operations. Routine (weekly) test runs of this generator as well as full load tests (monthly) are regularly maintained by the Public Works Department, Camp Foster.

2) Supplies will be funded by the Comptroller and procured and distributed through the Supply Department, USNRMC, Okinawa.

3) Plant facilities will be maintained by Public Works Department, USNRMC Okinawa or by any other means available at the time.

EMERGENCY SUPPORT:

After normal working hours emergency support may be obtained by calling the "trouble desk". This number is manned on a twenty-four hour basis. The number is contained in the List of Emergency Telephone Numbers shown in Figure 44.

SECURITY OF BUILDING AND CONTENTS:

1) During normal working hours responsibility for the security of the building and it's contents rest primarily in the hands of those individuals assigned to the Pacific Command Blood Program Office. They shall assure the proper function of the equipment and material located in the facility.

a) Upon the discovery (an unauthorized or unwanted person in the PACOM BPO spaces, Hospital Security should be notified at once. Appropriate steps may be taken by the PACOM BPO staff to control the situation, however, the safety of the staff shall be considered of primary importance in all cases.

b) In case of fire, immediately notify the Fire Department by dialing the number 117. Initiate those procedures contained in the PACOM BPO Fire Bill. Figure 61 will be completed each working day by members in each "space" of PACOM BPO.

c) Management and control of liquid refrigerated and frozen blood and blood components is the responsibility of all personnel assigned to PACOM BPO. If problems arise contact the appropriate supervisor immediately. Look for any obvious source of the problem and correct by whatever action is necessary. Log the problem and the steps taken to correct the problem in the PACOM BPO Trouble Log and note the problem in the PACOM BPO Watchstanders Log. If

resolution is beyond the scope of the abilities of the PACOM BPO staff, notify Medical Repair or Public Works and prepare to shift the contents from the non-functional piece of equipment in question to another cooling source. If adequate mechanical refrigeration is not available, store the items in blood shipping boxes with wet or dry ice as appropriate. Frozen items can be maintained in a frozen state by putting dry ice on top of the freezer contents inside the chamber. (Dry ice cools down and to the side only - it does not adequately cool items above it).

2) After normal working hours resolution of the problems that may be encountered becomes more difficult. Access to trained personnel is limited and full resources may not be available.

a) Unauthorized entry after hours is of major importance. In order to prevent this occurrence, all doors and windows will be secured with locks and with two exceptions all shall have typhoon latches closed. Doors B and F will have locks only. Access shall be routinely limited to officers and leading petty officers assigned to PACOM BPO and arrival will normally be preceeded by a phone call. Should an unauthorized person be detected, notify PMO at 635-6441 or the hospital duty office at 631-7355 immediately. Appropriate measures may be taken, however, no action jeopardizing the safety of the duty person shall be initiated.

b) In case of fire notify the fire department

immediately by dialing 117. Take action to contain the fire if appropriate and notify the supervisory personnel as soon as possible. Should a refrigerator or freezer fail, look for obvious causes (check electrical cords, plugs, breaker switches, reset buttons, etc.) and make the necessary corrections. If this fails to resolve the problem, notify the proper supervisory personnel immediately.

MISCELLANEOUS INFORMATION:

The PACOM BPO Watchstanders Guide, Reference (s), contains additional information for situations that occur after normal working hours. NAVREMEDCEN OKINAWAINST 3445.1B, Disaster Preparedness Plan, Reference (t), outlines other unusual situations or conditions that might occur and the suggested solution/resolution.

SHIPPING

GENERAL:

1) This section of the manual is divided into two major sections: Frozen and Chilled (Wet Ice) shipments via MAC, and Government Bill of Lading or Commercial Shipments. Each section is designed to be used independently as a step-by-step procedure for the movement of blood and blood products.

2) Upon receipt of a request for blood or blood components, obtain the name and telephone number of the person to contact as the consignee. Fill in completely a Shipment Planning Worksheet, Figure 47a. A completed sample Shipment Planning Worksheet is shown in Figure 47b.

3) Assure that flights of the appropriate type to the applicable destination are available. This is accomplished by calling MAC Load Planner Section at Kadena Air Base or one of the commercial Airlines at Naha International Airport. Be prepared to give the Special Handling Section the following information: Priority, Type of shipment, Weight and Number of packages. In addition, obtain as much of the following information as possible from them:

a) Flight Number

b) Tail Number

c) ETA

d) Time of departure

e) Mission Number

4) Prepare all required documentation.

5) Pack the shipment for delivery to MAC Special Handling as indicated in Figures 45, 48, and other shipping guidance included in various parts of this Mobilization Guide.

6) Upon delivery of shipment to MAC Special Handling, respond to the consignee via message with the following information:

a) Flight Number

b) ETD

C) ETA

d) Carrier (MAC, Flying Tiger, etc.)

e) Mission Number

f) Tail Number

7) Assure all log entries are made and units are cleared from the PACOM BPO inventory and recorded properly on the appropriate disposition log.

8) Figure 46 is a list of acronyms that may be encountered in shipping documents.

9) Reference (u) provides definitions for those terms and/or acronyms commonly encountered in the shipping process.

MAC SHIPMENTS

GENERAL:

Effective and economical use of the available transportation capabilities requires advance planning of the shipment composition as well as the required shipping documents.

1) When receiving a request for a shipment of blood or related products, obtain the name, rank, organization, and telephone number of the person making the request. Find out the quantity and the product required, as well as the date that the product is needed. All of this information should be placed on a Shipment Planning Worksheet, and submitted to the appropriate PACOM BPO staff member who will begin the shipping process. An example of a completed Shipment Planning Worksheet can be found in Figure 47b. Reference (u) also provides guidance for shipping blood products.

2) Contact the Load Planning Section of the nearest Military Air Terminal (MAC Terminal) and:

a) Determine if there is a flight, or when the next available flight is to the nearest APOD to the requestor.

b) If no flight is available within the time frame required to move the shipment and the shipment must be moved, the shipment may be moved by Government Bill of Lading (GBL) or if the situation merits, a Special Assignment Airlift Mission (SAAM).

c) Once availability of a flight is determined, proceed to collect and organize the necessary data required for the shipping documents.

3) The following information is required for all shipments other than GBL shipments, and should be entered in the appropriate areas of the Shipment Planning Worksheet.

a) Transportation Control Number (TCN): This number identifies the shipment unit and allows it to be controlled as a separate entity from origin to ultimate consignee. The TCN is a 17 character, alphanumeric code constructed as follows:

Positions 1-6 are the DoDAAC of the shipping activity assigning the TCN to the shipment.

Position 7 is the last digit of the current year.

Position 8-10 is the day, formally called Julian Date, the package is being shipped.

Position 11, enter code "X" as per example, or the numeral "0".

Position 12-14 is for a serial number assigned by the shipping organization. It is up to this organization as to the serialization of shipments, as long as no two shipments have the same serial number for the same day, and no more than 999 shipments are serialized on any one calendar day. At the PACOM BPO, serial numbers are assigned consecutively within a year, and are maintained in a log book in the shipping department.

Position 15-17, enter "XXX" in this area.

b) Consignor Code: This is the DoDAAC of the shipper, and is the same as the first six positions of the TCN.

c) Consignee Code: This is the DoDAAC of the unit listed as the receiver of the product being shipped. A listing of DoDAAC's for the organizations most frequently shipped to within the PACOM Blood Program can be found in Figure 33a. This reference also lists the full address (plain language address) of the units with their DoDAAC. If a DoDAAC cannot be located for a unit, contact that unit and request same, or look up the code in the DoDAAD.

d) POE (Port of Embarkation): This is the Air Terminal Identifier Code for the air terminal through which you will be shipping the products. A complete listing of Air Terminal Identifier codes is available in Reference (q).

e) POD (Port of Debarkation): This is the Air Terminal Identifier Code for the Air Terminal closest to the consignee. When arranging for a flight, the load planning section of your MAC Terminal will tell you which air terminal your shipment will reach.

f) Commodity/Special Handling Code: This is the primary handling code for your shipment. "MB"for wet ice, "MX" for dry ice, and "MY" for room temperature as shown in Figure 33b.

g) The Container type, Weight of each container,

and Cube (size) of the shipment are self explanatory.

4) Figure 47b contains an example of a Shipment Planning Worksheet that has been filled out with the information, as described in this section.

5) The following documents are required on all MAC shipments carried by military Aircraft. There will be no exceptions.

DD Form 1387, (RED)	This is a military shipping label that assigns a priority of 1 to package being moved (Figure 49a).
DD Form 1384	This form is a Transportation Control Document (TCMD) (Figure 50a).
DD Form 1348-1	Department of Defense Single Line Item Release/Receipt Document (Figure 51).
DD Form 1387-2	This form is titled Special Handling Data/Certification (Figure 52a).
AF Form 127	Traffic Transfer Receipt. (Figure 53a).
DD Form 1502 (Green)	Medical Material Shipment Frozen Shipments (Figure 54).
DD Form 1502-1 (Orange)	Chilled Medical Material Shipment (Figure 55).

DD Form 573	Shipping Inventory of Blood Products (Figure 56a).

The following forms may be used but are not absolute requirements.

DD Form 81 (optional)	999 Priority Label.
DA Label 5	Fragile Label to be used with all frozen cargo shipped by PACOM BPO.

Specific instructions for each of these forms follows.

6) DD Form 1387, (RED), Figure 49a.

a) Block 1: Transportation Control Number (TCN). This number is composed of four parts and a total of seventeen numerals.

The first six blocks are reserved for the DoDAAC of PACOM BPO and will be N68470. Other commonly used DoDAACS are found in Figure 33a.

The next four digits are the last digit of the current year and the Julian date.

The next four digits represent a number assigned by PACOM BPO for maintaining a record of shipments. Example - 0129 would mean the 129th shipment for a given year. Check the log book for next consecutive number.

The last three numbers will be represented by

XXX in all cases.

An example of a complete TCN is as follows: N68470-2264-0129-XXX. This number will be used in a number of spaces.

b) Block 2: Required Delivery Date (RDD). Use the code 999 for all blood products in all cases.

c) Block 3: From: Use the following address (also known as the complete clear address for PACOM BPO) in the provided space:

US PACOM BPO

USNH Okinawa

FPO Seattle, 98778

d) Block 4: Port of Embarkation (POE). Use the Air Terminal Identifier code listed for Kadena. A complete list of these codes may be found in Reference (q). The Address for this box if product is shipped from Kadena is as follows:

DNA

Kadena Air Base

Okinawa

Ryukyu Islands

e) Block 5: Port of Debarkation (POD). Select the appropriate Air Terminal Identifier Code from Figure 33a or Reference (q), for the actual Destination. For example:

OSN 121st Evac Hospital

f) Block 6: Ultimate Consignee or Mark for. This block tells who gets the package. For example:

Laboratory Officer

121st Evac Hospital

Seoul

g) Block 7: Piece Number. Give the number of this piece. If there is only one list 1.

h) Block 8: Total Pieces in shipment. Self explanatory.

i) Block 9: Weight of this piece to the nearest pound.

j) Block 10: Cube of this piece. Self explanatory.

7) DD Form 1384, Transportation Control and Movement Document (TCMD), (See Figure 50a and 50b). This document contains a great deal of the same information that was required on the previous form. Specific instructions for filling out this form follow.

a) Block 1: This space is left blank by PACOM BPO personnel. It will be filled in by the cargo movement personnel as needed at the appropriate airhead.

b) Block 2: Enter the applicable Document Identifier Code. For PACOM BPO purposes this code will be TJI on all frozen shipments, and TKI used for all other shipments, however, directions and explanation for this number can be found in figure 50c.

c) Block 3: Enter the DoDAAC for PACOM BPO. This will always be N68470.

d) Block 4: Enter the applicable Commodity Code.

A list of these codes may be found in Figure 33b.

e) Block 5: Enter the code "A".

f) Block 6: Enter the appropriate Port of Embarkation by Air Terminal Identifier Code, see Reference (q). For our purposes at PACOM BPO this will always be DNA for Kadena.

g) Block 7: Port of Debarkation. Enter the appropriate Air Terminal Identifier code from Reference (q).

h) Block 8: Mode. Enter the letter "F" for all shipments by air.

i) Block 9: Enter the applicable type of packaging. Box will be listed as "BX".

j) Block 10: This is found in Block 1 of the DD 1387 discussed previously (Figure 49a).

k) Block 11: Enter the DoDAAC of the Consignee. These will be found in Figure 33ab.

l) Block 12: Enter the appropriate Transportation Priority. All blood and blood products are shipped TP1. Enter a "1" in the box to indicate this.

m) Block 13: Enter a 999 in this box. This code indicates that handling will be expedited.

n) Block 14: Enter the appropriate Transportation Accounting Code (TAC). One of the following three codes will be used in this area.

N168 if shipped by Navy

A205 if shipped by Army

F8AO if shipped by Air Force

o) Block 15: Enter the number of pieces being sent.

p) Block 16: Enter the total gross weight of the shipment.

q) Block 17: Enter the total cubic volume occupied by the shipment to the nearest whole number.

r) Block 18 through 26: Reenter all of the appropriate information from the top half of this document.

s) Block 27: Enter the following information for the appropriate type of shipment:

Non-Iced Shipment, enter:

Signature service required - use AF Form 127 Figure 53a.

Wet Ice Shipment, enter:

Signature service required - AF Form 127, Figure 53a

For more explicit instructions see DD Form 1502-1 (Orange), Figure 55.

Frozen Shipment, enter:

Signature Service required - AF Form 127 Figure 53a.

For more explicit instructions see DD Form 1502 (Green), Figure 54.

8) DD Form 1348-1 Single Line Item Release/Receipt Document. Figure 51 is an example of this form. Those spaces numbered and circled represent the spaces on the

document which must be completed. This form is designed to be typed on an OCR Typewriter.

a) Block 1: Enter the appropriate Document Identifier Code (DIC) (See Figure 50c or Block 2 of DD Form 1384, Figure 51).

b) Block 2: Enter the quantity of boxes being shipped.

c) Block 3: Enter the appropriate Transportation Control Number (TCN).

d) Block 4: Leave this space blank.

e) Block 5: Enter the Transportation Priority (TP). Always use 01 for blood shipments.

f) Block 6: Enter the Required Delivery Date (RDD). Use 999 for all blood shipments.

g) Block 7: Self explanatory.

h) Block 8: Self explanatory.

i) Block 9: Enter the nomenclature for the items being shipped (e.g. Blood Products).

j) Block 10: Enter the type of container.

k) Block 11: Enter the total weight of the shipment.

l) Block 12: Enter the total number of containers.

m) Block 13: Enter the total cubic feet of the shipment.

9) DD Form 1387-2 Figure 52a.

Five copies of this form are prepared. One copy of

the completed and signed Form 1387-2 will be affixed to each package in the shipment, one copy will be sealed in the packing list envelope and affixed to the box. Three additional copies of DD Form 1387-2 will be turned over to the terminal with the shipment. Figure 48a gives suggested label locations on exterior of box. Figure 48b gives suggested orientation of frozen red blood cell boxes inside the shipping container.

a) Block 1: For classified shipments leave this section blank. For unclassified frozen shipments three lines of information are required:

Proper Shipping name

Hazardous materials classification (no abbreviations)

Label (enter type of label or none as appropriate)

Example:

Carbon Dioxide, Solid UN1845

Other Regulated Material A

None

For Wet Ice shipments, type in Wet Ice. For all shipments without Dry or Wet Ice, leave blank.

b) Block 2: For frozen shipments not packed in dry ice or for non-frozen shipments place N/A in this space. If a shipment is packed in dry ice place the weight of dry ice in the package here. This is important because Aircraft are only permitted to carry limited amounts of dry ice in

in the cargo hold. This is a safety rule to protect the baggage handling personnel in the hold area or the crew and passengers in military aircraft from carbon dioxide vaporization (See Figure 45). The following list identifies the load capacities of the various aircraft currently in use:

C-21	50 pounds
C-97	50 qounds
C118	900 pounds
C130	600 pounds
C135	600 pounds
C-54	1400 pounds
C119	1500 pounds
C121	1460 pounds
C124	2500 pounds
C141	3644 pounds

c) Block 3: For all shipments frozen or wet enter the total gross weight of the shipment.

d) Block 4: Enter the Transportation Control Number (TCN) (See Block on Figure 49b).

e) Block 5: Enter the DoDAAC of the consignee and a partial address of air terminal (See Figure 33a or Block 11 of Figure 50b).

f) Block 6: Enter the same information required on the DD Form 1384, Block 26 for wet shipments. For Frozen Shipments:

SIGNATURE SERVICE REQUIRED -- USE AF FORM 127 (Figure 53a)

OR MORE EXPLICIT INFORMATION SEE -- DD FORM 1502 (GREEN) (Figure 54) HANDLING INSTRUCTIONS. Dry ice is extremely cold and will damage human tissue upon contact. Store in ventilated space. Never store in hermetically or tightly sealed containers. To minimize carbon dioxide concentration in aircraft while on the ground, open cargo and access doors for maximum ventilation.

g) Block 7: For shipments containing dry ice enter 28. For all other shipments enter N/A.

h) Block 8: Enter N/A as no shipments within the nature of PACOM BPO will be flammable.

i) Block 9: Mark this box with an X.

j) Block 10: For shipments that contain dry ice mark "11-9c" in this box. For all other shipments leave this space blank.

k) Block 11: Mark "5-5a" in the space following the word MILSTAMP.

l) Block 12: Enter the complete clear address of PACOM BPO (See MAC shipments 6c).

m) Block 13: Enter the typed name and signature of the person authorized to certify this shipment and the date of preparation.

10) AF Form 127, Traffic Transfer Receipt Figure 53a.

a) Block 1: Enter the Transportation Control Number (TCN).

b) Block 2: Check this Box and type the commodity code for this shipment after other.

c) Block 3: Enter the Consignee's Department of Defense Activity Code.

d) Block 4: Enter the Air Terminal Identifier Code and a partial clear address.

e) Block 5: Enter the number of pieces.

f) Block 6: Enter the total weight.

g) Block 7: Enter the organization of the consignor (PACOM BPO, Okinawa).

h) Block 8: Enter the Air Terminal Identifier Code for the port of embarkation (DNA).

i) Block 9: Enter date of shipment.

j) Block 10: Enter name, rank, and service of person taking the shipment to terminal.

11) DD Form 1502 (Green), Frozen Medical Material Shipment (Figure 54).

This form is placed on all frozen shipments moved by the military and will be filled out as follows:

a) Block 1: This space will contain "999" in all cases.

b) Block 2: Use a calendar date in this space.

c) Block 3: Julian date of shipment.

d) Block 4: ZULU Time.

e) Block 5: Pounds of dry ice.

f) Block 6: Name of packer.

g) Block 7: Pounds of Dry Ice used.

h) Block 8: 48 Hours.

i) Block 9: Julian Date and Zulu Time of next

required re-icing.

j) Block 10: Julian Date and Zulu Time of next required re-icing after Block 9.

This form is then attached to the side of the shipping container in a prominent place. One such form is required for each box shipped. Suggested locations are shown in Figure 48a.

12) Preparation of the DD Form 1502-1 (Orange)(Figure 55).

The DD Form 1502-1, Chilled Medical Material Shipment label, is a required form/label for all refrigerated shipments. It is designed to be affixed to the side of a shipping container, and provide a written record of icing and re-icing of a shipment enroute to it's ultimate Consignee. Fill in the specified blocks as indicated.

a) Block 1: Required Delivery Date (RDD). Indicate the desired delivery date and the code "999" as per example:

"12 JUN 83 999"

b) Block 2: Enter the Julian Date Iced

c) Block 3: Enter the time iced, in ZULU (GMT).

d) Block 4: Enter the weight of the ice used.

e) Block 5: Sign or type in the name of the person responsible for the icing of the shipment.

f) Block 6: Enter the weight of the wet iced used. Note that at least 5 pounds of wet ice is required to keep 1 cubic foot of space at the proper temperature for 24

hours (i.e. the standard blood shipment box is 3.3 cube and requires at least 15 pounds of wet ice for each 24 hours.)

g) Block 7: Enter the next required re-icing date (Julian) and time (Zulu).

This form is then attached to the side of the shipping container in a prominent place. One such form is required for each wet iced box sent.

13) Preparation of the DD Form 573 (Figure 56a).

The DD Form 573, Shipping Inventory of Blood Products, is a four copy form required for the shipment of blood products so that shipments may comply with 21 CFR and 606.15(c) of the FDA regulations.

This form will be completed for each box in a shipment. Maximum capacities for Blood Product shipments are provided in Figure 56 b. The contents of the shipping container will be verified against the information entered on the DD Form 573 by the section officer in charge (OIC) or a designee. This verification will be indicated by the individual's signature in the certification block.

The shipping facility will retain the first and the third copy of the completed form. The first copy will be forwarded to MBPO. The remaining copies will be placed in a water tight plastic envelope and secured to the inside of the appropriate shipping container.

GOVERNMENT BILL OF LADING (GBL) OR COMMERCIAL SHIPMENTS

GBL shipments are utilized for the movement of cargo that the MAC System is unable to accomodate due to scheduling or other difficulties. They are generally shipped through Naha International Airport and shall be accomplished only after exhausting MAC possibilities. The following documents are required for GBL Shipments:

1) Custom Free Import or Export of Cargo or Customs Declaration of Personal Property (Figure 57). This document identifies by package and number the item being moved. This document is available through Supply Service. A representative from supply must sign the document in the provided space to validate it. The document is self-explanatory and shall be completed as prescribed in the following example.

a) Block 1: Check the appropriate box.

b) Block 2: Check the appropriate box.

c) Block 3: Check the appropriate box.

d) Block 4: Enter the GBL Number from the U.S. Government Bill of Lading.

e) Block 5: Enter the type of container (e.g. Bx.).

f) Block 6: Enter the number of packages.

g) Block 7: Enter the weight in Kilograms.

h) Block 8: Enter the product description (e.g. Red Blood Cells, Human, each box packed in

7 Kg. wet ice.

i) Block 9: Signature of the Supply Representative.

j) Block 10: Enter: U.S. Naval Regional Medical Center, Okinawa, FPO Seattle, 98778.

k) Block 11: Enter None.

l) Block 12: Signature and title of the Supply Representative.

m) Block 13: Hospital Address.

2) U.S. Government Bill of Lading (Figure 58).

This document permits Commercial Airlines to bill the Government for services. Since this document must be accounted for it has controlled access at PACOM BPO. Each use shall be logged in the appropriate log maintained in the shipping area. The following example may be used as a preparation guide.

a) Block 1: Carrier moving the Cargo.

b) Block 2: Date package moved.

c) Block 3: Enter: Pacific Command Blood Program Office, USNRMC, Okinawa, FPO Seattle 98778

d) Block 4: Enter: Commanding Officer
Pacific Command Blood Program Office
USNRMC, Okinawa, FPO Seattle, 98778
Phone: 634-0340

e) Block 5: Receiver.

f) Block 6: Person to be notified upon receipt.

g) Block 7: Ultimate destination (Address of

Receiver).

h) Block 8: Enter the following:

Commanding Officer

Naval Material Transportation Office

Attn: Code 024, Bldg Z133-5,

Naval Base

i) Block 9: Enter the following:

Norfolk Va. 23511

NMF-7-N168

j) Block 10: Number of Packages.

k) Block 11: Kind of Container (e.g. BX).

l) Block 12: Description (e.g. Frozen Red Blood Cells, Human, Packed on Dry Ice).

m) Block 13: Number on the Packages.

n) Block 14: Weights of the Packages.

o) Block 15: Carrier.

p) Block 16: Enter the Name and Title of the OIC PACOM BPO.

q) Block 17: Enter the date.

r) Block 18: Enter the following:

Pacific Command Blood Program

Office, USNRMC Okinawa, FPO Seattle

98778

3) Form TS-113A (Rev. 9-77) Shipper's Certification for Restricted Articles (See Figure 59).

This document is used to declare hazardous cargo. In this case it applies only to Dry Ice. Fill out this

document completely according to the following guidelines:

a) Block 1: Check Passenger Aircraft.

b) Block 2: Enter the number of Packages.

c) Block 3: Leave Blank.

d) Block 4: Enter: Carbon Dioxide, Solid (Dry Ice) UN-1845

e) Block 5: Enter: 9

f) Block 6: Enter: 904

g) Block 7: Enter: Weight of the hazardous material per package, and Gross weight for package with (xx).

h) Block 8: Enter: Total weight of the dry ice used for the shipment.

i) Block 9: Enter: PACOM Blood Program

j) Block 10: Enter: USNRMC OKINAWA
FPO Seattle 98778

k) Block 11: Enter: Autovon 634-0340

l) Block 12: Enter: Date of the shipment

m) Block 13: Enter: Signature and title of the Shipping Officer

4) Maintain at least one copy of all documents for the records filed in the shipping section of PACOM BPO.

5) One original and copies for each box.

IV. SUMMARY

The previous section has provided a definitive, well-documented set of guidelines for a Theater blood bank and donor center. Specifically, these guidelines have been for The Pacific Command Blood Program Office, Okinawa, Japan. They have been written to provide a defined set of qrocedures known as the Administrative Standard Operating Procedures or a Mobilization Information Guide. This guide has covered the following areas, donor procurement, unit processing, frozen blood components, material management, supplies, ordering, shipping, communication, exercise participation, military personnel, records and quality assurance, reports, watchbills, recall rosters, classified materials management, and physical plant maintenance and security for the PACOM BPO Building 1760.

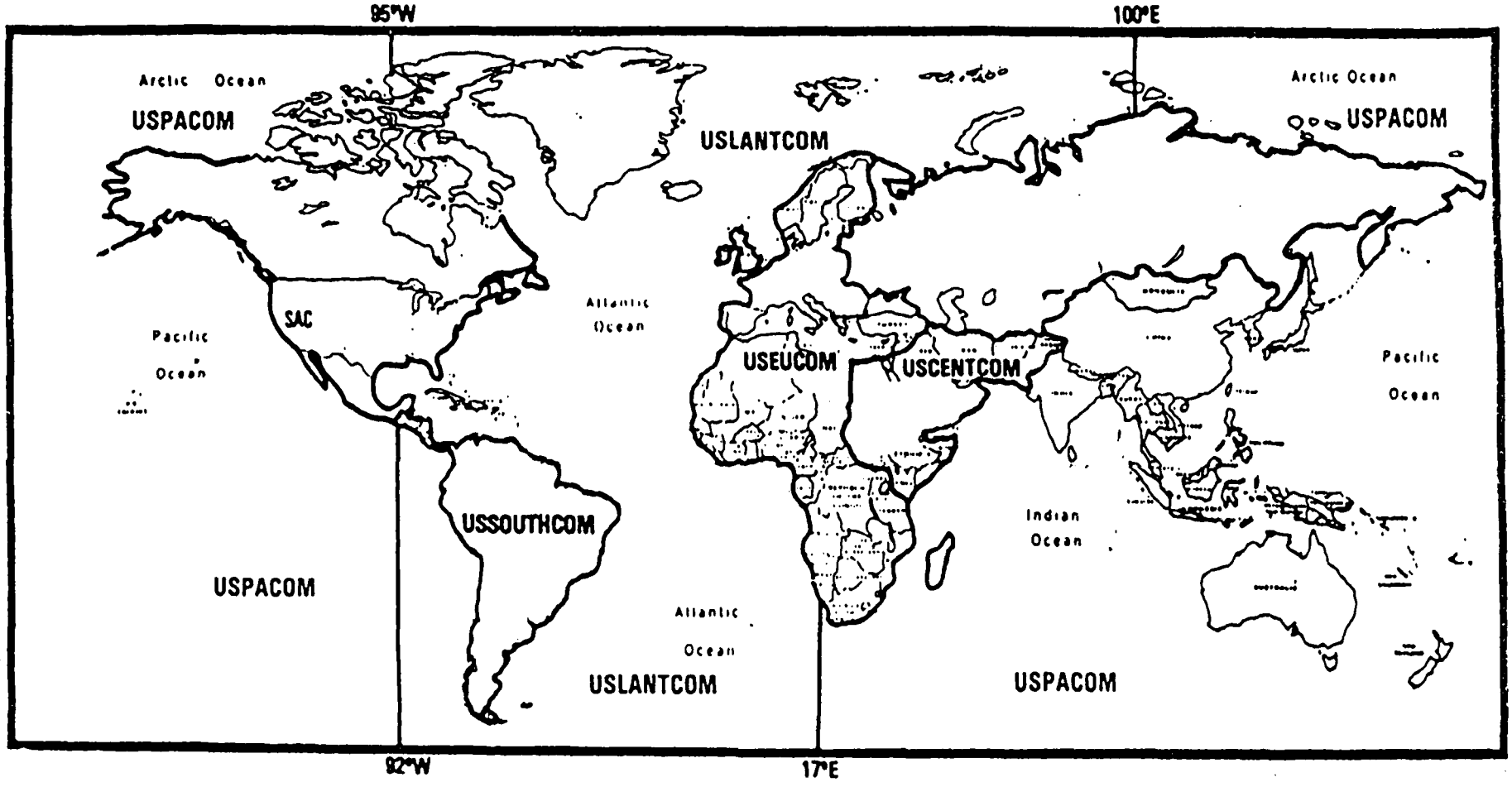
The manual can also be used as a general reference for other tri-service blood donor center facilities within the Pacific Theater for standardization of appropriate procedures where inter-facility interaction and communication is required as part of normal or contingency operations. In addition, portions of the manual, i.e. packing, shipping, and communication will be applicable to the effective coordinated efforts of the Blood Transshipment centers within the Pacific Theater. Regular utilization of a standardized protocol for processing and shipping of blood

and blood components in peacetime and in exercises will only enhance the readiness posture of each individual facility and of the system as a whole. Should the system ever be required to function immediately, or with a minimum of notice in a contingency or combat support mobilization mode, the preparation, planning, and training should allow it to do so with a high degree of confidence and effectiveness.

Regular review and updating of this document should ensure that it remains current and pertinent to the requirements of the mission. Regulations and the way of doing business are certain to change as situations change, as high-level management changes, and as "state-of-the-art" changes occur in technical areas of the blood/blood component program.

APPENDIX A - FIGURES

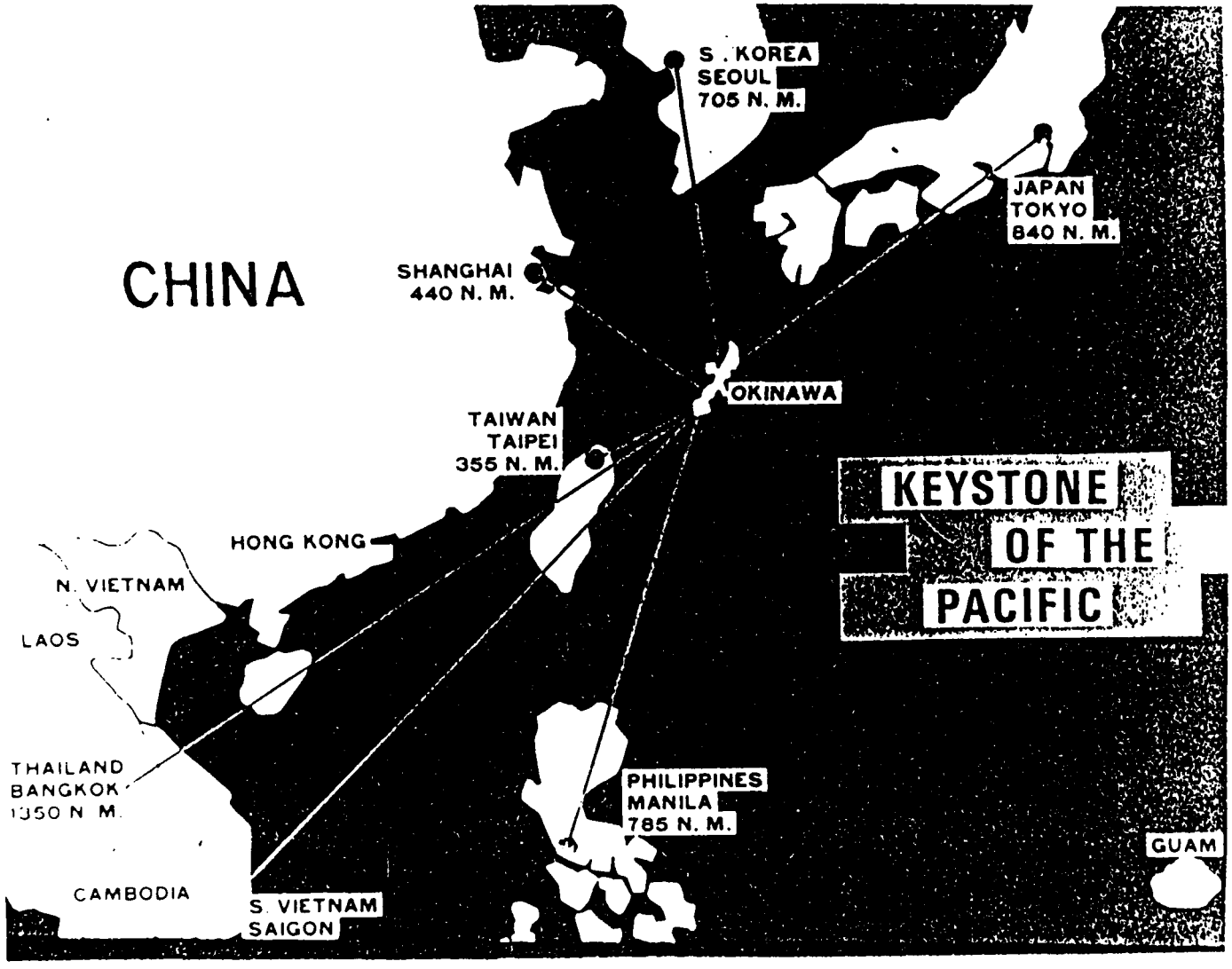
COMMANDERS' AREA OF RESPONSIBILITY



ALASKA, ANTARCTICA, CANADA, CONUS, AND MEXICO ARE NOT ASSIGNED FOR NORMAL OPERATIONS; USCINC IS RESPONSIBLE FOR LAND DEFENSE OF CONUS &, WHEN DIRECTED BY JCS, CONTINGENCY PLANNING FOR UNASSIGNED AREAS; CINC. IS RESPONSIBLE FOR AIR DEFENSE OF CONUS/ALASKA/CANADA, & MEXICO IAW APPROVED PLANS & AGREEMENTS; JCS HAS COGNIZANCE OVER USSR.

Figure 1

Figure 2 page 1



OKINAWA, THE PIVOT POINT OF THE WESTERN PACIFIC

Figure 2 page 2

BLOOD DONOR SCHEDULE FOR 1982

JANUARY		JULY	
4 - 7 JAN (M)		6 - 8 JUL	
11 - 14 JAN	GROUP 1	12 - 15 JUL	GROUP 7
18 - 21 JAN (M)		19 - 22 JUL	
25 - 28 JAN		26 - 29 JUL (M)	
FEBRUARY		AUGUST	
1 - 4 FEB		2 - 5 AUG	
8 - 11 FEB	GROUP 2	9 - 12 AUG	GROUP 8
16 - 18 FEB		16 - 19 AUG	
22 - 25 FEB (M)		23 - 26 AUG (M)	
MARCH		SEPTEMBER	
1 - 4 MAR		30A- 2 SEP	
8 - 11 MAR	GROUP 3	7 - 9 SEP	GROUP 9
15 - 18 MAR		13 - 16 SEP (M)	
22 - 25 MAR (M)		20 - 23 SEP	
		27 - 30 SEP	
APRIL		OCTOBER	
29M- 1 APR		4 - 7 OCT	
5 - 8 APR	GROUP 4	12 - 14 OCT	GROUP 10
12 - 15 APR (M)		18 - 21 OCT (M)	
19 - 22 APR		25 - 28 OCT	
26 - 29 APR			
MAY		NOVEMBER	
3 - 6 MAY		1 - 4 NOV	
10 - 13 MAY (M)	GROUP 5	8 - 10 NOV (M)	GROUP 11
17 - 20 MAY		15 - 18 NOV	
24 - 27 MAY		22 - 24 NOV*	
JUNE		DECEMBER	
1 - 3 JUN*		29N- 2 DEC (M)	
7 - 10 JUN (M)		6 - 9 DEC	
14 - 17 JUN	GROUP 6	13 - 16 DEC	GROUP 12
21 - 24 JUN		20 - 23 DEC	
28J- 1 JUL (M)		27 - 30 DEC	

NOTES:
1. * indicates a three day drawing schedule instead of a four day schedule
2. (M) indicates a "Mobile Run"

Figure 3

DONOR COORDINATORS

UNIT	UNIT DONOR COORDINATOR/s	PHONE #	ROTATION DATE
GP 1	SFC Will Help	635-1234	Feb. 1984
	SFC K. Helper	635-2875	Dec. 1982
GP 2	Lt. White	635-4612	Nov. 1983
GP 3	Capt. Black	634-2974	May. 1982
	1st Lt. Red	634-8731	Nov. 1984

List continues for number of Donor Groups currently organized.

Figure 4

PRIMARY DRAWING UNIT (PDU)

EQUIPMENT	FSN	QTY REQUIRED	EXPIRATION DATE	INITIAL
Donor Record (DD 572)		60	-	
Donor Log		4		
Donor Card (PACOM BPO Form 1)		60		
Donor Instructions (NRMC Oki 6300/13)		50		
Unit Numbers		50 consecutive		
Pens/Refills	7510-00-543-6792	2 Box (24)		
Rubber Bands		2 Box		
Packing Tape	7510-00-074-5174	1 roll		
Sphygmomanometers	6515-00-371-3100	14		
Stethescopes	6515-00-935-4088	3		
Ivac Unit		1		
Hematron		1		
Test Tube Rack	6640-00-299-8490	1		
50 ml graduated cylinder	6640-00-419-9000	4		
Hydrometer		4		
Balance Stands		12		
Balance Assembly		12		
Weights		12		
Balance QC Kit		1		
Forceps	6515-00-334-3800	12		
Scissors	6515-00-364-0520	12		
Strippers	6515-00-075-6526	8		
Oral thermometers	6515-00-149-1406	50		
Tourniquets	6515-00-926-8955	6		
Rubber balls		12		
Padded Tongue Blades	6515-00-324-5500	12		
Lancets	6515-00-431-2890	1 Bx (100)		
Capillary Tubes	6630-00-618-0073	2 Bx (200)		
Surgical Tape	6510-00-890-1372	12 rolls		
Sterile 2 x 2's	6510-00-058-4421	3 bx (150)		
Non-Sterile 2 x 2's	6510-00-782-2700	2 Pg (400)		
Ivac Tips	6515-LL-L01-4732	8 Bx (80)		
Ammonia Ampules	6505-00-106-0875	3 Bx		
Alcohol Swabs	6510-00-786-3736	2 Bx (200)		
CuSO4 (Male)		2 bt (1000ml)		
CuSO4 (Female)		1 bt (500ml)		
Prep Solutions		3 bx (60)		
7 ml Vacutainer tubes (plain)	6630-00-145-1137	1 bx (100)		
7 ml Vacutainer tubes (w/EDTA)	6630-00-145-1533	1 bx (100)		
Donor Bags	6515-00-079-9530	48		
First Aid Kit		1		
AMBU Kit		1		

NOTE: All Units (Primary and Secondary) will be shipped with 9(nine) Blood Shipping Boxes. These boxes will each contain the proper shipping documents for transshipment. One of the nine boxes will contain an additional roll of packing tape.

Figure 5

SECONDARY RESUPPLY UNIT (SRU)

EQUIPMENT	FSN	QTY REQUIRED	EXPIRATION DATE	INITIAL
Donor Record (DD 572)		160 each		
Donor Log	NRMC OKI 6300/	150		
Donor Card		160		
Donor Instructions	NRMC OKI 6300/13	150		
Unit Numbers		150 consecutive		
Pen/Refills		2 Boxes (24)		
Rubber Band	7510-00-205-	3 Bx		
Plastic Containers for CuSO4		4 each		
Tourniquets		6		
Rubber Balls		6		
Padded Tongue Blades		6		
Lancets	6515-00-431-2890	2 Boxes (200)		
Capillary Tubes	6630-00-618-0073	3 Bt (300)		
Surgical Tape	6510-00-890-1369	6 rolls		
Sterile 2 x 2's	6510-00-058-4421	6 Boxes (300)		
Non-Sterile 2 x 2's	6510-00-782-2700	4 Pg (800)		
Ivac Tips		18 Boxes (180)		
Ammonia Ampules	6505-00-106-0875	2 Boxes		
Alcohol Swabs	6510-00-786-3736	3 Pg (300)		
CuSO4 (male)		1 Bt (500 ml)		
CuSO4 (female)		1 Bt (500 ml)		
Prep Solutions	N/A	8 Boxes (160)		
7 ml Vacutainer Tubes (plain)	6630-00-145-1137	150 tubes		
7 ml Vacutainer Tubes (w/EDTA)	6630-00-145-1533	150 tubes		
Donor Bags	6515-00-079-9530	144		

Note: All Units (Primary And Secondary) will be shipped with 9(nine) Blood Shipping Boxes. These Boxes will each contain the proper shipping documents for trans-shipment. One of the nine boxes will contain an additional roll of packing tape.

Figure 6

BLOOD DONOR MEAL PASS

NAME RATE SER.NO.

DUTY STATION BRANCH OF SERVICE

HAS DONATED BLOOD ON THIS DATE:

This meal pass must be used within 24 hours of donation.

AUTH SIGNATURE

Figure 7

OPNAV 5216/144 (REV. 6-70)
S/N-0107-778-6099

DEPARTMENT OF THE NAVY

Memorandum

DATE:

FROM BLOOD DONOR PROGRAM

TO HEAD,FOOD SERVICE

SUBJ BUMEDINST 10110.2A Sec C,Para 3d
The following Personnel are blood donors and therefore,authorized to subsist in the Hospital Mess free of charge in accordance with the above BUMEDINST.

NAME	SSAN	BRANCH OF SERVICE

Authorized by _____ Total number of Donors _____

16

Figure 8

BLOOD DONOR

Name _____

IS REGISTERED AS A REGULAR DONOR.

Group type _____

PACOM BPO Form 1 (3/79)

DATES OF BLOOD DONATION			
DATE	INITIAL	DATE	INITIAL

Figure 9

BLOOD DONOR LOG

DATE__________ YEAR__________ TOTAL DONORS__________

DONOR #	DONOR NAME	ACTIVITY	LOT NO.	STS RESULTS	RIA/CPM	RESULTS

$CuSO^{4}$ SPECIFIC GRAVITY__________

Lot No.______
Manuf. ______

STS CONTROLS
SEE BACK

HCT VALUES
HCT NORMAL__________
HCT ABNORMAL__________

RIA CONTROLS
POS/CPM__________
NEG/CPM__________
CUT OFF__________

NRMC OKI 6300/14 (11-79)

Figure 10

STS DATA:

ANTIGEN:

LOT:

EXP DATE:

CONTROL:

POS:

WEAK:

NEG:

TECHNICIAN:

Figure 10 (back)

1. DONOR'S NAME (Last, First, Middle Initial)		2. GRADE	3. SSN
4. AGE	5. SEX	6. ORGANIZATION/STATION OR ADDRESS AND PHONE	7. FOR OFFICE USE

MEDICAL QUESTIONNAIRE	YES	NO	MEDICAL QUESTIONNAIRE	YES	NO	MEDICAL QUESTIONNAIRE	YES	NO
8. Have you donated blood in the past 8 weeks? Date:			21. Have you had small pox vaccination/other immunizations in the past 2 weeks?			34. Have you had a tattoo/ears pierced/acupuncture in the past 6 months?		
9. Have you ever been rejected as a blood donor?			22. Have you been vaccinated for German measles in the past 2 months?			35. Have you ever injected any drugs into your veins or skin?		
10. Have you ever been notified that a patient who received your donated blood had hepatitis?			23. Have you ever had convulsions or fainting spells? Donor reactions?			36. Have you ever had venereal disease? Ever been treated for syphilis?		
11. Do you have a cold, flu, grippe or sore throat (URI)? Do you have any illness now?			24. Have you been immunized to human cell/red blood cell antigens?			37. Have you had a recent unexplained weight loss of over 10 pounds?		
12. Are you under a doctor's care now for any reason?			25. Have you received blood or plasma in the past 6 months?			38. Do you have skin infections? Frequent boils?		
13. Have you ever coughed up or vomited blood?			26. Have you donated plasma in the past 48 hours? Plasmapheresis within the past 72 hours?			39. Do you have any illnesses which are not covered by this questionnaire?		
14. Have you had tuberculosis? Kidney disease? Liver disease?			27. Have you had malaria/taken antimalarial drugs in the past 3 years?			40. (Women) are you pregnant now or have you been during the past 6 weeks?		
15. Have you experienced chest pain or shortness of breath?			28. Have you been outside the U. S. in the past 3 years?	X		41. Are you in good health generally? Do you feel well now?		
16. Have you had heart trouble? Rheumatic heart disease?			29. Have you had surgery or serious illness in the past 6 months?			42. Do you have any abnormal bleeding tendencies?		
17. Have you had lung or stomach disease? Cancer? Diabetes? Ulcers?			30. Have you ever had hepatitis, yellow jaundice or a positive laboratory test for hepatitis?			43. Have you been institutionalized during the past 6 months?		
18. Have you had lymph gland disease, leukemia, or infectious mononucleosis?			31. Have you been exposed to hepatitis in the past 6 months?			44. Have you taken aspirin compounds in the past 3 days? (applicable to single donor plateletpheresis only).		
19. Have you had tooth extraction/dental surgery in the past 3 days?			32. Have you taken any drugs or medications in the past 48 hours?			45.		
20. Have you had rabies vaccination in the past 2 weeks? Hepatitis Immune Globulin in the past 6 months?			33. Have you taken any habit forming or hallucinogenic drug within the past 48 hours?			46.		

DONOR HISTORY REMARKS

23 Presently stationed in Okinawa .

47. WEIGHT	48. TEMPERATURE	49. PULSE	50. BLOOD PRESSURE	51. HGB/HCT

52. ARMS INSPECTION SATISFACTORY	53. GENERAL APPEARANCE	54. DONOR REJECTED	55. AUTOLOGOUS DONOR	SUITABLE FOR TRANSFUSION TO OTHER PATIENTS
☐ YES ☐ NO	☐ SAT ☐ UNSAT	☐ NO ☐ YES ☐ PERM ☐ TEMP	☐ YES ☐ NO	☐ YES ☐ NO ☐ N/A

The answers above are correct to the best of my knowledge and belief; and I understand that my answers are important in determining my individual fitness to donate blood. I am voluntarily donating approximately 450 ML of blood to the Armed Forces for use in any way they may deem advisable. I understand that I should not engage in strenuous exercise or hazardous activity on the day of donation.

Signature of Donor — Date

SIGNATURE OF INDIVIDUAL RESPONSIBLE FOR DETERMINING DONOR ELIGIBILITY

SIGNATURE OF MEDICAL REVIEWER

DD FORM 572 — EDITION OF 1 APR 78 MAY BE USED. — DEPARTMENT OF DEFENSE MILITARY BLOOD PROGRAM BLOOD DONOR RECORD.

DONOR NUMBER	DATE COLLECTED	DATE EXPIRES	INTEGRAL TUBE NUMBER (optional)	BLOOD GROUP AND RH
BAG ISSUE ☐ SINGLE ☐ DOU ☐ TRIP ☐ OTHER	ANTICOAGULANT ☐ CPD ☐ CPD-A ☐ OTHER	COLLECTION STARTED (Time)	COLLECTION ENDED (Time)	

BLOOD PRODUCTS PREPARED (Circle if required)

- WHOLE BLOOD (Human)
- RED BLOOD CELLS (Human)
- RED BLOOD CELLS (HUMAN), FROZEN
- WHOLE BLOOD (Human) MODIFIED
- SINGLE DONOR PLASMA (Human) FRESH FROZEN
- SINGLE DONOR PLASMA (Human) FRESH FROZEN PLATELETS REMOVED
- PLATELET CONCENTRATE (Human)
- LEUCOCYTES (Human)
- CRYOPRECIPITATED ANTIHEMOPHILIC FACTOR (Human)
- OTHER ______

Signature of Phlebotomist

REMARKS

Figure 11

INSTRUCTIONS TO THE DONOR:

1. WE ARE REQUESTING THAT YOU FOLLOW THESE FEW BASIC RULES AFTER DONATION. THEY ARE DESIGNED FOR YOUR SAFETY AND WELL BEING:
   - A. DO NOT SMOKE FOR A HALF HOUR.
   - B. DRINK SOME JUICE AND OTHER FLUIDS IN THE NEXT 4 HOURS.
   - C. EAT A HEARTY MEAL, AND DO NOT CONSUME ALCOHOL UNTIL AFTER YOU HAVE EATEN.
   - D. IF BLEEDING BEGINS FROM THE PHLEBOTOMY SITE APPLY PRESSURE TO THE AREA AND RAISE YOUR ARM FOR APPROXIMATELY FOUR TO FIVE MINUTES.
   - E. DO NOT LIFT ANY HEAVY OBJECTS WITH THE ARM YOU HAVE DONATED FROM FOR AT LEAST ONE HOUR.
   - F. REMOVE BANDAGE AFTER A FEW HOURS.
   - G. DO NOT PERFORM ANY STRENUOUS EXERCISE FOR THE NEXT FOUR HOURS.
2. IF ANY SYMPTOMS PERSIST PLEASE RETURN TO THE BLOOD BANK OR EMERGENCY ROOM.
3. THANK YOU FOR DONATING TODAY.

NRMC OKI 6300/13 (11-79)

Figure 12

TEMPS AND ALARM

REFER. NO. OR FREEZER NO.	HIGH ALARM	LOW ALARM	INT.

DATE:_____ DATE:_____

_____ _____

REVIEWED BY SIGNATURE

PACOM Blood Program
USNRMC

Figure 13

UNIT NUMBER	MANUFACTURE DATE/TIME	EXPIRES DATE/TIME	ABO	RH	BLOOD COMPONENT	DISPOSITION	DATE	DISPOSITION	DATE	DISPOSITION	DATE

PACOM BPO Form #3b (New 12/81)

Disposition Log Components

Figure 14

UNIT NUMBER	DATE COLLECTED	DATE EXPIRES	ABO	RH	BLOOD COMPONENT	DISPOSITION	DATE	RECEIVED FROM	DATE	DISPOSITION	DATE

PACOM BPO Form #3d (New 12/81)

Disposition Log Routine

Figure 15

DONOR NO. _____

PLATELET CONCENTRATE (HUMAN)

VOLUME 20 to 30 ml ABO _____ Rh _____

EXPIRATION DATE _____ HOUR _____

PREPARED FROM APPROX 450 ml WHOLE BLOOD COLLECTED IN 63 ml ANTICOAGULANT CPDA-1 SOLUTION, U.S.P.
NO EVIDENCE OF IRREGULAR ANTIBODIES DETECTED WHEN TESTED WITH REAGENT RED CELLS (HUMAN) BY MULTIPLE TECHNIQUES.
NON REACTIVE FOR HBsAG BY FDA REQUIRED TEST
NONREACTIVE FOR SYPHILIS BY STS.

CAUTIONS:

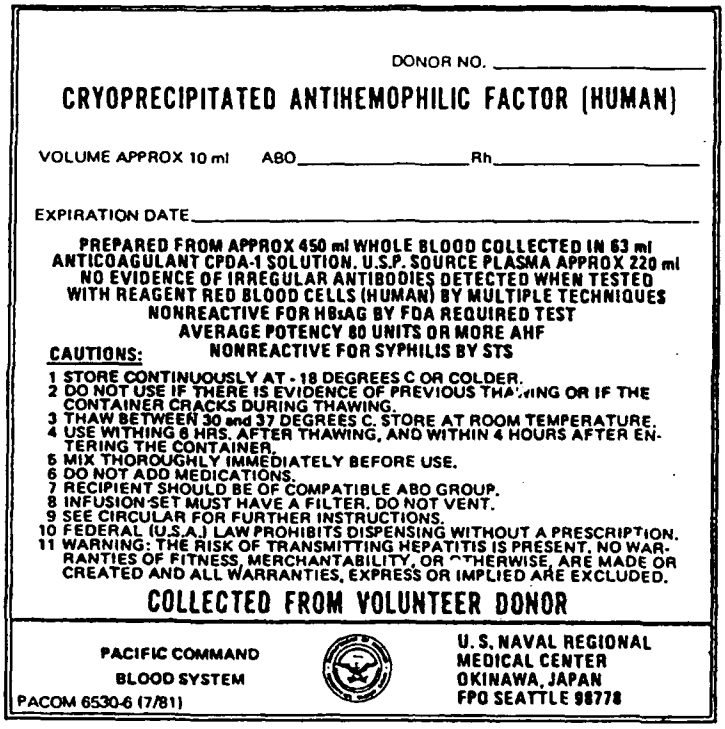
1 STORE WITHIN A 2 DEGREE RANGE BETWEEN 1 AND 6 DEGREES C.
2 USE WITHIN 4 HOURS AFTER ENTERING THE CONTAINER.
3 MIX THOROUGHLY IMMEDIATELY BEFORE USE.
4 DO NOT ADD MEDICATIONS.
5 RECIPIENT SHOULD BE OF COMPATIBLE ABO GROUP.
6 INFUSION SET MUST HAVE A FILTER, DO NOT VENT.
7 SEE CIRCULAR FOR FURTHER INSTRUCTIONS.
8 FEDERAL (U.S.A.) LAW PROHIBITS DISPENSING WITHOUT A PRESCRIPTION
9 WARNING: THE RISK OF TRANSMITTING HEPATITIS IS PRESENT. NO WARRANTIES OF FITNESS, MERCHANTABILITY, OR OTHERWISE, ARE MADE OR CREATED, AND ALL WARRANTIES EXPRESS OR IMPLIED, ARE EXCLUDED.

COLLECTED FROM VOLUNTEER DONOR

PACIFIC COMMAND
BLOOD SYSTEM
PACOM 6530-5 (7/81)

U.S. NAVAL REGIONAL
MEDICAL CENTER
OKINAWA, JAPAN
FPO SEATTLE 98778

Figure 16a



DONOR NO. _____

CRYOPRECIPITATED ANTIHEMOPHILIC FACTOR (HUMAN)

VOLUME APPROX 10 ml ABO_____Rh_____

EXPIRATION DATE_____

PREPARED FROM APPROX 450 ml WHOLE BLOOD COLLECTED IN 63 ml ANTICOAGULANT CPDA-1 SOLUTION. U.S.P. SOURCE PLASMA APPROX 220 ml
NO EVIDENCE OF IRREGULAR ANTIBODIES DETECTED WHEN TESTED WITH REAGENT RED BLOOD CELLS (HUMAN) BY MULTIPLE TECHNIQUES
NONREACTIVE FOR HBsAG BY FDA REQUIRED TEST
AVERAGE POTENCY 80 UNITS OR MORE AHF
NONREACTIVE FOR SYPHILIS BY STS

CAUTIONS:

1 STORE CONTINUOUSLY AT - 18 DEGREES C OR COLDER.
2 DO NOT USE IF THERE IS EVIDENCE OF PREVIOUS THAWING OR IF THE CONTAINER CRACKS DURING THAWING.
3 THAW BETWEEN 30 and 37 DEGREES C. STORE AT ROOM TEMPERATURE.
4 USE WITHING 6 HRS. AFTER THAWING, AND WITHIN 4 HOURS AFTER ENTERING THE CONTAINER.
5 MIX THOROUGHLY IMMEDIATELY BEFORE USE.
6 DO NOT ADD MEDICATIONS.
7 RECIPIENT SHOULD BE OF COMPATIBLE ABO GROUP.
8 INFUSION SET MUST HAVE A FILTER. DO NOT VENT.
9 SEE CIRCULAR FOR FURTHER INSTRUCTIONS.
10 FEDERAL (U.S.A.) LAW PROHIBITS DISPENSING WITHOUT A PRESCRIPTION.
11 WARNING: THE RISK OF TRANSMITTING HEPATITIS IS PRESENT. NO WARRANTIES OF FITNESS, MERCHANTABILITY, OR OTHERWISE, ARE MADE OR CREATED AND ALL WARRANTIES, EXPRESS OR IMPLIED ARE EXCLUDED.

COLLECTED FROM VOLUNTEER DONOR

PACIFIC COMMAND
BLOOD SYSTEM
PACOM 6530-6 (7/81)

U.S. NAVAL REGIONAL
MEDICAL CENTER
OKINAWA, JAPAN
FPO SEATTLE 98778

Figure 16b

OUTDATED-REJUVENATED RED BLOOD CELLS (HUMAN) FROZEN

Prepared from 450 ± 45 ml whole blood collected in _____ ml of Anticoagulant _____ Solution USP, rejuvenated with _____ Solution to improve oxygen delivery, and Suspended in _____ ml 6.2 M Glycerol.
Pre-freeze storage _____ days.

Donor Number	Date Frozen	Expiration Date

INFORMATION AND INSTRUCTIONS

1. Nonreactive for Hepatitis B Surface Antigen (HB_sAg) by radioimmunoassay.
2. Rapid Plasma Reagin (RPR) nonreactive.
3. Store at —80° C.
4. Thaw and deglycerolize before use.
5. Administer only to recipients who have been demonstrated compatible by cross-match.
6. CAUTION: Federal law prohibits dispensing without a prescription.
7. CAUTION: DO NOT VENT.

ABO	$Rh_o(D)$

NAVAL BLOOD RESEARCH LABORATORY
BOSTON UNIVERSITY SCHOOL OF MEDICINE
615 ALBANY STREET
BOSTON, MASSACHUSETTS 02118

Figure 16c

OUTDATED-REJUVENATED
RED BLOOD CELLS (HUMAN) DEGLYCEROLIZED

Prepared from 450 ± 45 ml whole blood collected in_____ml of Anticoagulant_____solution USP, and rejuvenated with_____solution to improve oxygen delivery. A cryophylactic agent (40% W/V glycerol) was added, and the OUTDATED REJUVENATED RED BLOOD CELLS (HUMAN) FROZEN were stored continuously at a temperature colder than -65° C. After thawing, the cells were washed using 12% NaCl and 0.9% NaCl-glucose-phosphate solution in the_____. Pre-freeze storage_____days.

Donor Number	Date Frozen	Expiration Date

INFORMATION AND INSTRUCTIONS

1. Concentrate the red cells to a hematocrit of 80 V% by centrifugation and removal of all the supernatant solution.
2. Store within a 2-degree range between 1° and 6° C.
3. Crossmatch before administration.
4. Mix thoroughly before administration.
5. Do not warm or add medication before administration.
6. Infusion set must have a filter.
7. Transfuse into identified intended recipient demonstrated to be compatible by crossmatch.
8. **DO NOT VENT.**
9. **WARNING:** No completely reliable laboratory test is available to determine the presence of the virus of hepatitis. The risk of transmitting hepatitis is present. No warranties are made or created. Warranties of fitness or merchantability are excluded.
10. **CAUTION:** Federal law prohibits dispensing without a prescription.

ABO

$Rh_o(D)$

NAVAL BLOOD RESEARCH LABORATORY
BOSTON UNIVERSITY SCHOOL OF MEDICINE
615 ALBANY STREET
BOSTON, MASSACHUSETTS 02118

Figure 16d

INDATED-REJUVENATED
RED BLOOD CELLS (HUMAN) DEGLYCEROLIZED

Prepared from 450 ± 45 ml whole blood collected in_____ml of Anticoagulant_____solution USP, and rejuvenated with_____solution to improve oxygen delivery. A cryophylactic agent (40% W/V glycerol) was added, and the INDATED REJUVENATED RED BLOOD CELLS (HUMAN) FROZEN were stored continuously at a temperature colder than -65° C. After thawing, the cells were washed using 12% NaCl and 0.9% NaCl-glucose-phosphate solution in the_____. Pre-freeze storage_____days.

Donor Number	Date Frozen	Expiration Date

INFORMATION AND INSTRUCTIONS

1. Concentrate the red cells to a hematocrit of 80 V% by centrifugation and removal of all the supernatant solution.
2. Store within a 2-degree range between 1° and 6° C.
3. Crossmatch before administration.
4. Mix thoroughly before administration.
5. Do not warm or add medication before administration.
6. Infusion set must have a filter.
7. Transfuse into identified intended recipient demonstrated to be compatible by crossmatch.
8. **DO NOT VENT.**
9. **WARNING:** No completely reliable laboratory test is available to determine the presence of the virus of hepatitis. The risk of transmitting hepatitis is present. No warranties are made or created. Warranties of fitness or merchantability are excluded.
10. **CAUTION:** Federal law prohibits dispensing without a prescription.

ABO

$Rh_o(D)$

NAVAL BLOOD RESEARCH LABORATORY
BOSTON UNIVERSITY SCHOOL OF MEDICINE
615 ALBANY STREET
BOSTON, MASSACHUSETTS 02118

Figure 16e

PACOMBPO AUTOCLAVE LOG DATE OF RUN_____

The below listed units were destroyed by steam sterilization. Temperature and steam pressure are recorded by the autoclave on the circular chart and maintained in the folder with this listing of units.

UNIT NUMBERS	UNIT NUMBERS	UNIT NUMBERS	UNIT NUMBERS

PACOM BPO Form 6300/20 (New 12/81)

Figure 17

ASSESSION # _____

VIVO _____ VITRO _____ DATE FROZEN _____ FROZEN BY _____

TYPE AND Rh _____

PRE FREEZE DATA

SOURCE _____

DONOR NUMBER _____

TYPE AND Rh _____

Hg _____ STS _____

ANTICOAGULANT _____

TIME STORED AT 4°C _____ DAYS

STORED AT 4°C AS: W.B. _____ P.C. _____

Hct. _____

COLLECTION DATE _____

UNIT DESCRIPTION

COMMON _____

RARE _____

HOLD FOR DONOR _____

SPECIAL STUDY _____

REMARKS _____

_____

_____

_____

_____

REJUVENATION DATA

SOLUTION USED _____

INCUBATION: TIME _____ MIN.

TEMP _____ °C

GLYCEROLIZATION DATA

HIGH CONCENTRATION _____

LOW CONCENTRATION _____

PRESS TYPE _____ FZ BAG TYPE _____

CARD BOARD BOX _____

TIME AT RM.TEMP. DURING PROCEDURE ___

_____

STANDARD NOMAGRAM AND PROCEDURE YES_

NO _

PACKED CELL ST. _____

GLYCEROLIZED WT. _____

SOFTWARE DATA

	MFR.	LOT #	EXP DATE
FR. HARNESS	_____	_____	_____
REJUV. SOL.	_____	_____	_____
GLYCEROL	_____	_____	_____
FREEZE BAG	_____	_____	_____

Figure 18a

UNIT # _____ DATE _____

THAWED UNIT

Wt. of Bag and Blood _____ gm
Wt. of Bag _____ gm
Density of Blood _____ gm/ml
Hematocrit _____ V%
Supt. Hb. _____ mg%
Total Hb. _____ g%
pH _____ at 22 C
Extra K^+ _____ mEq/l
Extra Na^+ _____ mEq/l

Wt. of Blood _____ gm
Vol. of Blood _____ ml
Supt. Vol. _____ ml
Total Supt Hb/Unit _____ mg
Total Hb/Unit _____ gm
Total Cell Hb/Unit _____ gm
Percent Recovery _____ %

WASTE

Total Vol. _____ ml
Total Hb _____ mg%

Total Hb in Waste _____ gm

WASHED UNIT

Wt. of Bag and Blood _____ gm
Wt. of Bag _____ gm
Density of Blood _____ gm/ml
Hematocrit _____ V%
Supt. Hb _____ mg%
Total Hb _____ g%
pH _____ at 22 C
Osmolality _____ mOsm/kg H_2O
Extra K+ _____ mEq/l
Extra Na^+ _____ mEq/l
Washed for _____
Rejuvenated with _____
Age Pre-Freeze _____

Wt. of Blood _____ gm
Vol. of Blood _____ ml
Supt. Vol. _____ ml
Total Supt Hb/Unit _____ mg
Total Hb/Unit _____ gm
Total Cell. Hb/Unit _____ gm
Recovery (Using Waste) _____ %
Recovery (Using pre-pose Hb) _____ %

Wash Solutions	Mfr	Lot#	Exp Date
12% NaCl			
0.9% NaCl			
Wash Harness			
Wash Collection Bag			

Figure 18b

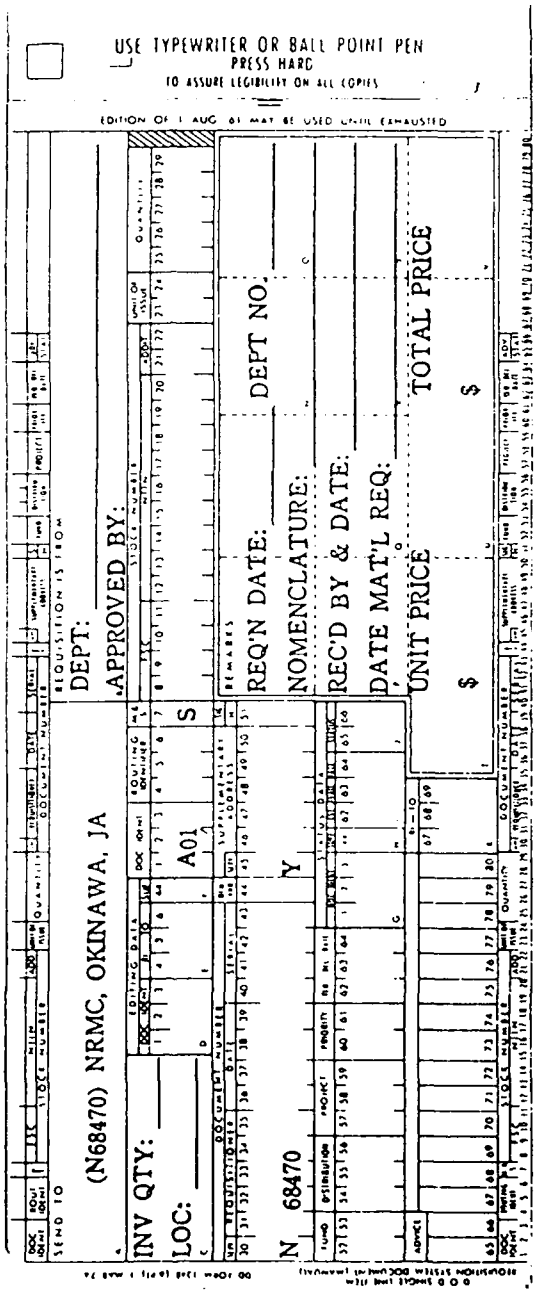
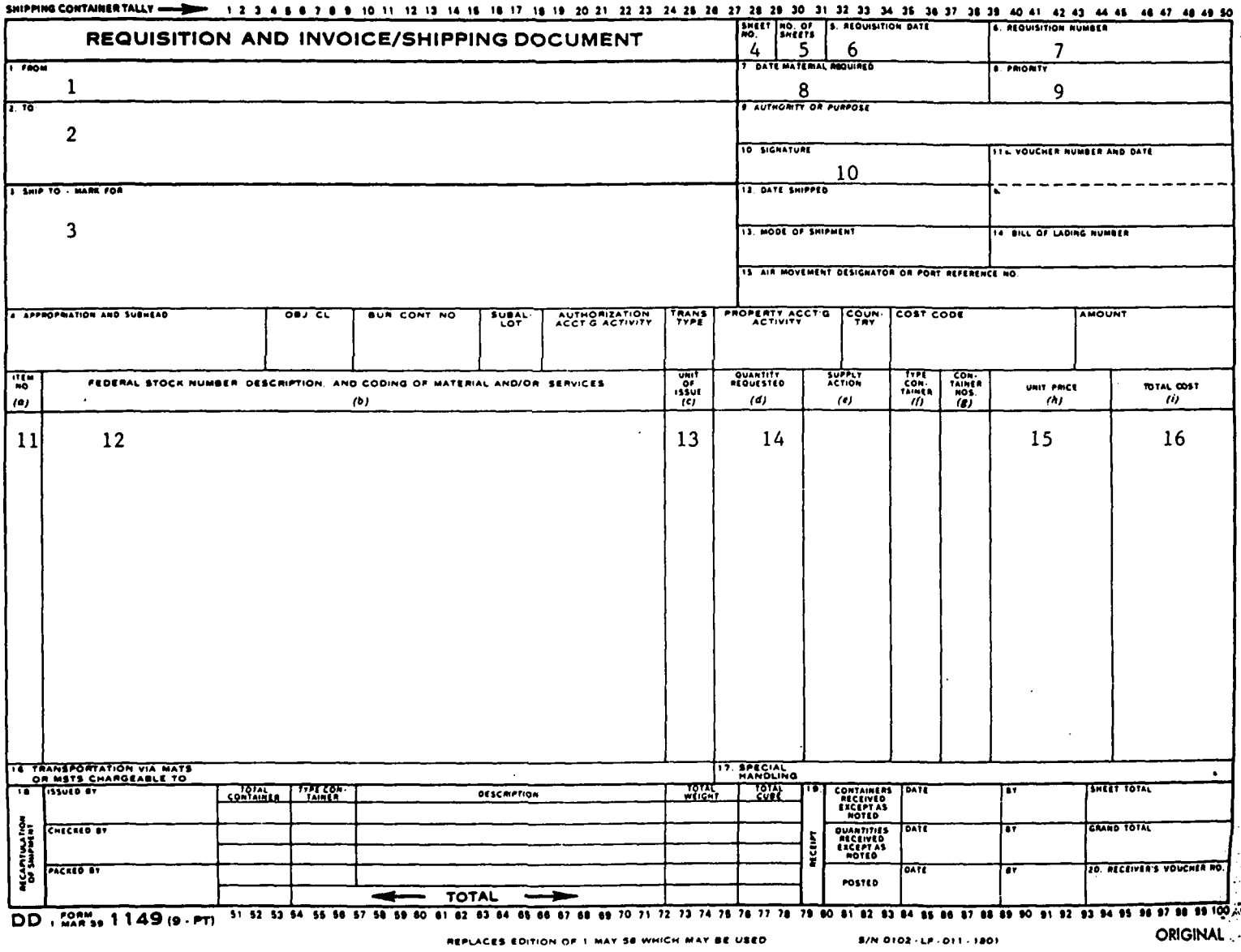

USE TYPEWRITER OR BALL POINT PEN
PRESS HARD
TO ASSURE LEGIBILITY ON ALL COPIES
(N68470) NRMC, OKINAWA, JA
DEPT:
APPROVED BY:
INV QTY:
LOC:
A01
S
Y
N 68470
REQ'N DATE:
DEPT NO.
NOMENCLATURE:
REC'D BY & DATE:
DATE MAT'L REQ:
UNIT PRICE
TOTAL PRICE
$
$

Figure 19



SHIPPING CONTAINER TALLY → 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

REQUISITION AND INVOICE/SHIPPING DOCUMENT

SHEET NO.	NO. OF SHEETS	5. REQUISITION DATE	6. REQUISITION NUMBER
4	5	6	7

1. FROM	7. DATE MATERIAL REQUIRED	8. PRIORITY
1	8	9

2. TO	9. AUTHORITY OR PURPOSE	
2		
	10. SIGNATURE	11a. VOUCHER NUMBER AND DATE
	10	

3. SHIP TO - MARK FOR	12. DATE SHIPPED	b.
3		
	13. MODE OF SHIPMENT	14. BILL OF LADING NUMBER
	15. AIR MOVEMENT DESIGNATOR OR PORT REFERENCE NO.	

4. APPROPRIATION AND SUBHEAD	OBJ CL	BUR CONT NO	SUBAL-LOT	AUTHORIZATION ACCT'G ACTIVITY	TRANS TYPE	PROPERTY ACCT'G ACTIVITY	COUN-TRY	COST CODE	AMOUNT

ITEM NO (a)	FEDERAL STOCK NUMBER, DESCRIPTION, AND CODING OF MATERIAL AND/OR SERVICES (b)	UNIT OF ISSUE (c)	QUANTITY REQUESTED (d)	SUPPLY ACTION (e)	TYPE CON-TAINER (f)	CON-TAINER NOS. (g)	UNIT PRICE (h)	TOTAL COST (i)
11	12	13	14				15	16

16. TRANSPORTATION VIA MATS OR MSTS CHARGEABLE TO	17. SPECIAL HANDLING

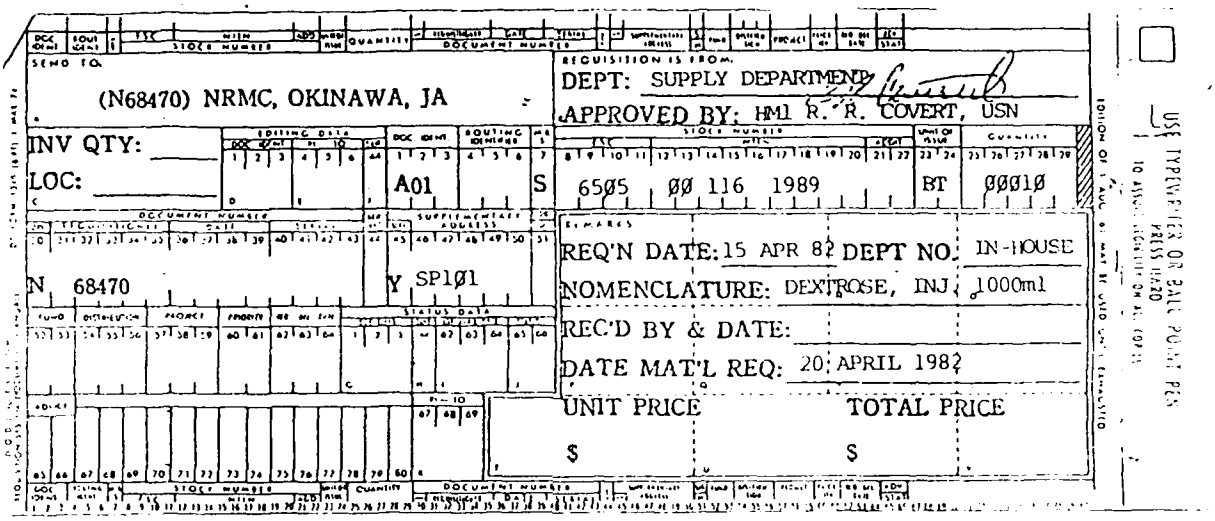
18. RECAPITULATION OF SHIPMENT	ISSUED BY	TOTAL CONTAINER	TYPE CON-TAINER	DESCRIPTION	TOTAL WEIGHT	TOTAL CUBE
	CHECKED BY					
	PACKED BY					
				TOTAL		

19. RECEIPT				
	CONTAINERS RECEIVED EXCEPT AS NOTED	DATE	BY	SHEET TOTAL
	QUANTITIES RECEIVED EXCEPT AS NOTED	DATE	BY	GRAND TOTAL
	POSTED	DATE	BY	20. RECEIVER'S VOUCHER NO.

DD FORM 1 MAR 59 1149 (9 - PT) 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

REPLACES EDITION OF 1 MAY 58 WHICH MAY BE USED S/N 0102-LP-011-1801 ORIGINAL

Figure 20


SEND TO
(N68470) NRMC, OKINAWA, JA
REQUISITION IS FROM:
DEPT: SUPPLY DEPARTMENT
APPROVED BY: HM1 R. R. COVERT, USN
INV QTY: ____
LOC: ____
A01
S
6505 ØØ 116 1989
BT
ØØØ1Ø
N 68470
Y SP1Ø1
REMARKS
REQ'N DATE: 15 APR 82
DEPT NO: IN-HOUSE
NOMENCLATURE: DEXTROSE, INJ, 1000ml
REC'D BY & DATE:
DATE MAT'L REQ: 20 APRIL 1982
UNIT PRICE
TOTAL PRICE
$
$

PREPARATION OF DD FORM 1348 (6 PARTS)

The following blocks are mandatory entries and must be properly filled by the requisitioning department(s) prior to submission to Supply Department for processing. All other blocks of the DD Form 1348(6 parts) not specifically mentioned below will be left blank.

Block B - Requisition is From:
DEPT: - Enter Department's name (Ex: SUPPLY; PHARMACY; LABORATORY; etc.)
APPROVED BY: Enter name of person authorized to approved requisitions. Signature of person authorized to approved requisitions.

Blocks #8 thru 22 - Enter 13 digits NATIONAL STOCK NUMBER. Do not use DASHES or HYPHEN. See Sample.

Blocks #23 & 24 - Enter the Unit of Issue of the item requested. Ex: EA for each; BT for bottle; PG for package; CK for cake; CS for case; etc.

Blocks #25 thru 29 - Enter total quantity requested. ZERO FILLED. Ex: ØØØØ1; ØØØ1Ø; ØØ1ØØ; Ø1ØØØ; 1ØØØØ; etc.

Blocks #46 thru 50 - Enter the department's JOB ORDER number. Omit the 4th & 5th digit of the job order number. Example: If the complete job order number read SP12TØ1, by omiting the 4th & 5th digit which is number""2" & letter "T", your job order number will read SP1 Ø1. All you have to do now is fill out blocks 46 thru 50 with SP1Ø1.

In the REMARKS block fill out the following:

REQ'N DATE: - Enter calendar date or julian date that you are ordering these supplies.
DEPT NO: - Enter IN-HOUSE, DTO, SERVMART, OFFICE SUPPLIES or FORMS.
NOMENCLATURE: - Enter the noun name of the item requested. See sample.
DATE MAT'L REQUIRED - Enter the calendar date or julian date as to when requested item(s) is/are actually needed. See sample.

Figure 21

PREPARATION OF DD 1149 (9-Part)

Fill in the information requested for each numbered block (1).

1 Department submitting requisition

2 Type in "Supply Department, USNRMC Okinawa"

3 Type in the Name, complete address including zip code and telephone number with area code for the company the supplies or equipment are being requested from

4 # this page of total

5 total # of DD 1149 forms submitted (Large orders may require more than one DD 1149 form be submitted per order to a particular vendor

6 Date requisition submitted to Supply Department

7 Tracking number by department for later tracing of order

8 Date order required

9 Supply priority classification (i.e. routine, urgent, etc.)

10 Signature of individual authorized to sign request at department level

11 Line # of item

12 Name and Catalog number of requested item.

13 Unit of issue (i.e. Bx, Pkg, Btl, etc.)

14 # of units requested

15 Unit price

16 Total line item cost (# units x unit price)

Double space line items (#11 through #16) to allow room for changes or additional information Supply Department may need to add.

Figure 22

BLOOD SHIPMENT MESSAGE FORMAT (MOD 1)

1. Number of boxes of product shipped (indicated by box)
2. Number of individual units by code (use standard DOD code as indicated on reverse of DD form 573); for multiple shipment types all codes and quantities should be on single line (see Example)
3. Shipped via (Identify by carrier, i.e. MAC, SAAM, Flying tiger, etc.)
4. POD (Point of departure). Use standard air terminal *Identifier code* when possible, and Blood center identification as available)
5. POE (Point of embarkation). Use standard air terminal Identifier code when available and country.
6. Mission Number prefaced by MISS NO.
7. TCN (Transportation Control Number) prefaced by TCN
8. Manifest Number prefaced by MAN NO.
9. ETD (Estimated time of departure) prefaced by ETD
10. ETA (Estimated time of arrival) prefaced by ETA
11. Use this line for additional information, as required. KEEP IT BRIEF.

Figure 23

EXAMPLE

BLOOD SHIPMENT MESSAGE FORMAT (MOD 1)

1. 8 BX
2. 120 RCZ, 36 WBZ, 48 PFF.
3. SAAM
4. DNA, PACOM-BPO, OKINAWA
5. TAE, KOREA
6. MISS NO. PQP T879Y-01
7. TCN NG8470-2178-0155-XXX
8. MAN NO. DNA 1C 02398
9. ETD 0200Z
10. ETA 0445Z
11. REQUESTED UNITS RCF TO BE SHIPPED AS RCD NEXT 24 HOURS

Figure 24

JOINT MESSAGEFORM						SECURITY CLASSIFICATION: UNCLASSIFIED				
PAGE	DTG/RELEASER TIME			PRECEDENCE		CLASS	SPECAT	LMF	CIC	ORIG/MSG IDENT
	DATE TIME	MONTH	YR	ACT	INFO					
01 OF 01	141000Z	JUL	82	PP	PP	UUUU				1950300
BOOK	MESSAGE HANDLING INSTRUCTIONS									

FROM PACOM BPO

TO WHOMEVER

INFO: WHOMEVER

UNCLAS //N06530//

SUBJ: BLOOD SHIPMENT

1. 8 BX

2. 120 RCZ, 36 WBZ, 48 PFF

3. SAAM

4. DNA, PACOM BPO, OKINAWA

5. TAE KOREA

6. MISS NO.PQP T879Y-01

7. TCN N68470-1271-0155-XXX

8. MAN NO. DNA 1C 02398

9. ETD 0200Z

10. ETA 0445Z

11. REQUESTED UNITS RCF TO BE SHIPPED AS RCD NEXT 24 HOURS

PERSON TYPING, TITLE, LOCATION, PHONE	SPECIAL INSTRUCTIONS	
RELEASED BY: TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE: DIRECTOR, PACOM BPO, PHONE		
SIGNATURE: SIGNED BY ABOVE AUTHORITY	SECURITY CLASSIFICATION: UNCLASSIFIED	DTG: 141000Z

DD FORM 173/2 (OCR) PREVIOUS EDITION IS OBSOLETE

Figure 25

JOINT MESSAGEFORM

SECURITY CLASSIFICATION: SECRET

PAGE	DTG/RELEASER TIME: DATE TIME	MONTH	YR	PRECEDENCE: ACT	INFO	CLASS	SPECAT	CMW	CIC	ORIG MSG IDENT
01 OF 01	0101307	SEP	81	RR	RR	SSSS				2440130

BOOK

MESSAGE HANDLING INSTRUCTIONS

FROM: NAVREGMEDCEN OKINAWA JA

TO: CG MCB CAMP BUTLER JA

INFO FIRST MAW

BUMED WASHINGTON DC//3108307 AUG 81

THIS PAGE UNCLASSIFIED SECRET CLASSIFICATION ABOVE FOR DEMONSTRATION PURPOSES ONLY

6 5 4 3 2 1 0

DISTR

DRAFTER TYPED NAME TITLE OFFICE SYMBOL PHONE: M.SMITH GS4 360 17355

SPECIAL INSTRUCTIONS

RELEASER

TYPED NAME TITLE OFFICE SYMBOL AND PHONE: I.M. SEEO CAPT 100 17216

SIGNATURE

SECURITY CLASSIFICATION: SECRET

DATE TIME GROUP: 0101307 SEP 81

DD FORM 1 MAR 79 173/2 (OCR) PREVIOUS EDITION IS OBSOLETE ☆ GPO: 1979 - 282 170

Figure 26

JOINT MESSAGEFORM						SECURITY CLASSIFICATION: UNCLASSIFIED				
PAGE	DTG/RELEASER TIME: DATE TIME	MONTH	YR	PRECEDENCE: ACT	INFO	CLASS	SPECAT	LMF	CMC	ORIG MSG IDENT
01, 01	010115	SEP	81	RR	RR	UUUU				2440115
BOOK	MESSAGE HANDLING INSTRUCTIONS									

FROM: NAVREGMEDCEN OKINAWA JA

TO: BUMED WASHINGTON DC

INFO CMC WASHINGTON DC

UNCLAS //N02300//

SUBJ: PROPER PREPARATION OF DD FORM 173/2

A. NTP 3(E)

1. IAW REF A, IT IS IMPERATIVE THAT ALL MESSAGE DRAFTERS COMPLY WITH THE PROVISIONS OF SECTION ONE.

6
5
4
3
2
1
0

DISTR

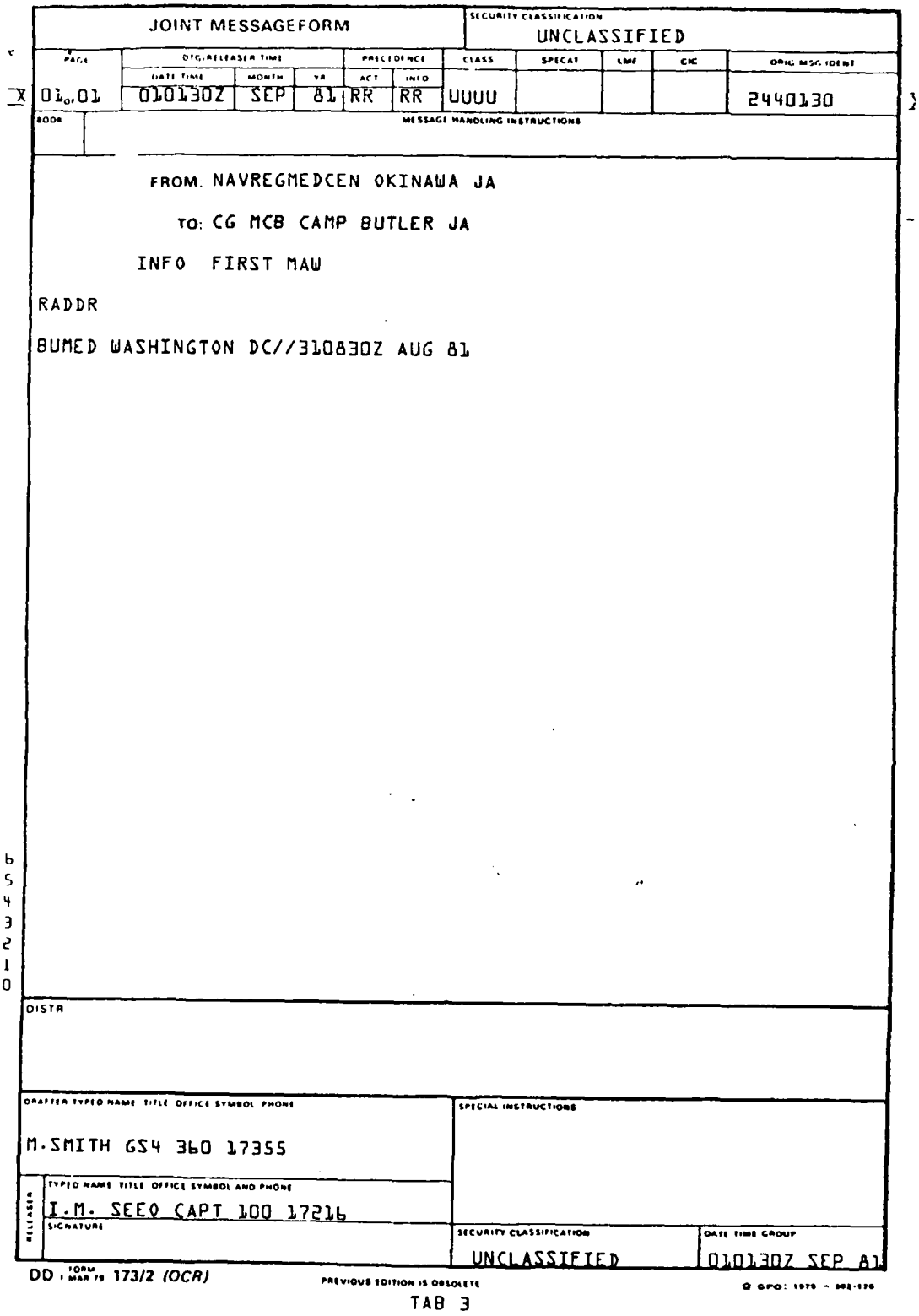
CO, ALL SERVICE CHIEFS

DRAFTER TYPED NAME, TITLE, OFFICE SYMBOL, PHONE	SPECIAL INSTRUCTIONS
I.R. COMM, LT MSC 360 17355	
RELEASER: TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE: G.E. GRIFFIN CAPT 100 17216	MINIMIZE CONSIDERED
SIGNATURE	SECURITY CLASSIFICATION: UNCLASSIFIED / DATE TIME GROUP: 010115 SEP 81

DD FORM 1 MAR 79 173/2 (OCR) PREVIOUS EDITION IS OBSOLETE

TAB 2

Figure 27a



JOINT MESSAGEFORM

SECURITY CLASSIFICATION: UNCLASSIFIED

PAGE	DTG/RELEASER TIME: DATE TIME	MONTH	YR	PRECEDENCE: ACT	INFO	CLASS	SPECAT	CMF	CIC	ORIG MSG IDENT
01 OF 01	0101307	SEP	81	RR	RR	UUUU				2440130

BOOK | MESSAGE HANDLING INSTRUCTIONS

FROM: NAVREGMEDCEN OKINAWA JA

TO: CG MCB CAMP BUTLER JA

INFO FIRST MAW

RADDR

BUMED WASHINGTON DC//3108307 AUG 81

6 5 4 3 2 1 0

DISTR

DRAFTER TYPED NAME TITLE OFFICE SYMBOL PHONE: M.SMITH GS4 360 17355

SPECIAL INSTRUCTIONS

RELEASER

TYPED NAME TITLE OFFICE SYMBOL AND PHONE: I.M. SEEO CAPT 100 17216

SIGNATURE

SECURITY CLASSIFICATION: UNCLASSIFIED

DATE TIME GROUP: 0101307 SEP 81

DD FORM 1 MAR 79 173/2 (OCR) PREVIOUS EDITION IS OBSOLETE

TAB 3

Figure 27b

JOINT MESSAGEFORM						SECURITY CLASSIFICATION UNCLASSIFIED				
PAGE	DTG RELEASER TIME			PRECEDENCE		CLASS	SPECAT	LMF	CIC	ORIG/MSG IDENT
	DATE TIME	MONTH	YR	ACT	INFO					
X 01 OF 02	0109012	JUL	82	PP	PP	UUUU				1820400
BOOK	MESSAGE HANDLING INSTRUCTIONS									

FROM NAVREGMEDCEN OKINAWA JA

TO GAMMA BIOLOGICALS

3700 MANGUM ROAD

HOUSTON TX 77092

ACCT NA-CNRF

UNCLAS //N04200//

SUBJ: FIRM P.O. TO FURNISH THE FOLLOWING URGENTLY NEEDED ITEMS ON TERMS SPECIFIED. P.O. N68470-82-F-2448 DATE: 1 JUL 82

1. DELIVERED FOB ORIGIN BY 8 JUL 82

2. SCHEDULE OF SUPPLIES:

ITEM 1 OR 2: CAT. NO. 7-015, ANTI-HUMAN SERUM, ANTI IG G, 10 ML VIAL 12 EACH, U/P $14.25, T/AMT $270.00.

ITEM 2 OF 2: CAT. NO. 7-068, ANTI-HUMAN SERUM, ANTI-C3 {C3B+C3D}, 5 ML VIAL, 12 EACH, U/P $22.50, T/AMT $270.00.

3. SEND PREPAID AIR FREIGHT VIA COMMERCIAL CARRIER {N.W. ORIENT OR J.A.L.} TO: N68470-82-F-2448

SUPPLY OFFICER

US NAVAL REGIONAL MEDICAL CENTER

NAHA INTL AIRPORT

HM2 BARBARA A. CARON CAMPBELL,USN 631-7505 PURCHASING AGENT		SPECIAL INSTRUCTIONS
RELEASER	TYPED NAME, TITLE, OFFICE SYMBOL AND PHONE D.E. GREENFIELD, LCDR, USN, MSC	
	SIGNATURE	SECURITY CLASSIFICATION UNCLASSIFIED
		DATE TIME GROUP 0109012 JUL 82

DD FORM 173/2 (OCR) PREVIOUS EDITION IS OBSOLETE

Figure 28

12 February 1982

STAFFING ANALYSIS PACOM BPO

Staffing levels at PACOM BPO are driven by many factors. There are, however, two basic requirements that dictate minimally acceptable standards. In order to meet operational commitments PACOM must draw an average of eighty units per week. Additionally, the ability to reach and maintain emergency levels dictated by situational requirements must be assured. These necessities place some unusual burdens on PACOM as an entity. The drawing of eighty units per week requires a great deal of support and exists or fails based on the effectiveness of the public relations program in use. Many hours are required to establish the contacts necessary to put eighty donors in the same spot in a given week and many more into assuring that they will be repeat donors in eleven weeks. This cycle is essential if PACOM is to continue successful operations on Okinawa.

Because our existence is based on contingency needs, more blood is collected than can be utilized on Okinawa. These units support other Theater operations with smaller donor populations, exist as insurance and augment CONUS military hospital blood inventories. Units not used in these pursuits are shipped to the Navy Blood Research Laboratory, Boston, Mass. Components harvested from the above units are maintained for contingency use or sent to areas unable to procure their own. The PACOM mission is tri-service and multi-institutional in scope.

Due to the possibility of role expansion, a need for rapid response, and occasional work days in excess of the normal eight hours, a staff composed primarily of military personnel is desirable. This allows increased flexibility in personnel utilization. It also offers increased participation in planning, logistical support and other task relevant functions requiring access to classified material. At the same time, a limited number of civilians offer the advantage of continuity and provide the required language translation for logistical and maintenance support. The actual number of people required to support the PACOM mission are based on the following tables and reflect only those necessary for support of the present requirements.

Figure 29 page 1

QUALITY CONTROL

1.	Daily temperature checks on freezers, refrigerators and other equipment 30 minutes X 2 checks per day	60 min/day
2.	Reagent Quality Control	60 min/day
3.	Donor Scales and Copper Sulfate	15 min/day
4.	Unit Inventories	
	a. Liquid Products	30 min/day
	b. Frozen Products	15 min/day
5.	Chart changes of equipment	12 min/day
6.	Centrifuge Checks (timers and calibration)	5 min/day
7.	Dade C_7M Cell Washer daily care	15 min/day
	MINUTES PER DAY	212 min/day
		X 5 days/week
	MINUTES PER WEEK	1060 min/week
	MAN HOURS PER WEEK	17.5
	MAN DAYS PER WEEK	2.2

OB's from the Hospital

Figures are based on approximately 36 specimens per week. Original work-up is based on a run of 12 specimens, therefore, results are multiplied by 3.

1. Original Work-up

a.	Spinning and separation of samples	15 min
b.	Labelling of tubes	15 min
c.	Addition of reagents, cells and serum	10 min
d.	Incubation (includes reading of forward and reverse groups)	25 min
e.	Washing cells following Albumin Phase	5 min
f.	Coombs Phase with Check Cells	5 min
g.	Total Administration (includes filing of chits, logging, phone time, etc.)	30 min
		105 min/run
	X	3 run/week
		315 min/week

2. Antibody Identification (approximately 8 per week)
Figures are based on a complete work-up (warm and cold) with confirmation testing, phenotyping, etc.

a.	Administration	10 min
b.	Labelling of tubes	5 min
c.	Reagent Addition	3 min
d.	Incubation	25 min
e.	Reading (2 phases)	5 min
f.	Washing and Coombs Second Incubation	25 min
g.	Reading	5 min
h.	Third incubation	25 min
i.	Phenotyping	15 min
	TOTAL TIME PER PANEL	120 min
	X	8
	EIGHT WORK-UPS/WEEK	960 min/week

OB's continued

3. Absorptions (Warm or Cold Auto)

Test takes approximately two hours and is done twice per week ..... 240 min/week

TOTAL NORMAL MINUTES PER WEEK	1470 min/week
MAN HOURS PER WEEK	25
MAN DAYS PER WEEK	3.1

These figures do not represent any of the special work-ups occasionally done at PACOM like paternity testing, unit screening, antibody titers, and others.

SUPPLY AND SUPPLY PETTY OFFICER RESPONSIBILITIES

1. Autoclaving and incinerating ..... 30 min/day

2. Laundry Exchange ..... 15 min/day

3. Refreshment Pick-up ..... 6 min/day

4. SUPPLY AND INVENTORY MANAGEMENT

   a. Clerical - filing
      typing
      verification
      product research } ...100 min/day
      information storage and retrieval
      budget control

   b. Supply Pick-up ..... 30 min/day
      (includes delivery of requisitions)

5. Contingency Planning and Support

   a. Inventory Control

   b. Stock Rotation } ..... 30 min/day

   c. Mount-out Maintenance

6. Equipment Maintenance

   a. Procurement and Installation

   b. Quality Control } ..... 12 min/day

   c. Repairs

   d. Replacement

7. Internal Working Stock Control

   Re-supply of all working areas daily or as needed ....30 min/day

8. Vehicle Procurement ..... 45 min/day

	300 min/day
	X 5 days/week
MINUTES PER WEEK	1500 min/week
MAN HOURS PER WEEK	25
MAN DAYS PER WEEK	3.1

Figure 29 page 5

DONOR RECRUITMENT

Donors are recruited from approximately 50 areas or units on an eleven week rotational basis. Coordination consists of arranging these 50 units into blocks of approximately 2000 donors and recruiting 80-100 of this block. This works out to 4.5 units per week. Each unit is usually contacted two times per week of donation.

1. Phone time (Calling Unit Donor Coordinators)

   a. Arranging draw dates and times

   b. arranging transportation } 15 min/call X 4.5 units x 2 calls

   c. Call backs and confirmations .....135 min/week

2. Unit Visits

   a. Air Force Commanders Calls

      1 Unit/week X 3 sessions X 1.5 hours/session .....270 min/week

   b. Meetings (each donor group is seen on the week prior to donation 4.5 Groups/week X 1.5 hours/group .... 400 min/week

3. Administrative Time

   a. Rescheduling and juggling

   b. Confirmation call-backs

   c. Recording } ..... 450 min/week

   d. Reports

   e. Public Relations

TOTAL RECRUITING TIME	1255 min/week
MAN HOURS PER WEEK	20.9
MAN DAYS PER WEEK	2.6

DONOR DRAWING

1. Pre Donor Arrival

   a. Labelling of Bags and Tubes ..... 180 min/week

   b. Drawing Station Arrangement ..... 60 min/week

   c. Refreshment Set-up ..... 60 min/week

   d. Transportation
      (Round trip from PACOM to pick-up and
      return donors) ..... 240 min/week

2. Donor Screening and Drawing

   Each donor takes approximately 45 minutes from the time of arrival to completion. There are usually six working technicians involved in the screening and drawing area.

   80 Donors/week X 45 minutes/donor .....3600 min/week

   This includes the following things:

   a. Screening - Donor Cards
      Weight
      Temperatures
      Pulse
      Blood Pressure
      arm inspection
      question evaluation
      Interview
      Hemoglobin
      Issue of Bag and Number

   b. Drawing - Donor verification
      Arm Preparation
      Phlebotomy and Bleeding
      Pilet Sample Collection
      On Table recovery
      Recovery Area time
      Unit Segging and Stripping

   TOTAL DRAWING TIME PER WEEK 4140 min/week

Mobile Draws include packing of the mount out boxes, tables, emergency equipment, refreshments, etc. It also includes transportation, set-up at the unit, break-down and return. There are one or two mobiles per month and the additional time is not reflected in the above.

PROCESSING OF DONORS

These figures are based on twenty donors per day. The minutes generated are multiplied by 2 as all processing requires at least two people with the exception of hepatitis testing and RPR's.

1. Separation

   a. Balancing ..... 5 min/load

   b. Loading and Spinning ..... 7 min/load

   c. Braking and separation ..... 10 min/load

   $\frac{80 \text{ units/week}}{6 \text{ units/load}}$ = 13.3 loads X 22 min/load X 2 people

   = 587 min/week

2. Pooling Plasma for salvage ..... 4 hours/week

3. Forward and Reverse Groups on Pilet Tubes (groups of 20)

   a. Labelling of Tubes ..... 15 min/group

   b. Reagent Addition ..... 15 min/group
   (Includes serum, cells and reagents)

   c. Spinning ..... 5 min/group

   d. Reading of tubes ..... 10 min/group

   45 min/group X 4 groups X 2 people = 360 min/week

4. Tube separation ..... 60 min/week
   15 min/20 specimens X 4 groups X 1 person

5. Antibody Screens

   a. Labelling tubes..... 15 min/batch

   b. Adding Reagents ..... 15 min/batch

   c. Incubation ..... 20 min/batch

   d. Reading ..... 10 min/batch

   e. Washing ..... 10 min/batch

   f. Coombs ..... 10 min/batch

   g. Check Cells ..... 5 min/batch

   85 min/batch x 4 batches x 2 persons = 680 min/week

DONOR PROCESSING (continued)

6. Seg Typing

   a. Labelling tubes ..... 15 min/batch

   b. Cell suspensions ..... 15 min/batch

   c. Reagent Addition ..... 10 min/batch

   d. Spinning and Reading ..... 15 min/batch

   e. Check Cells ..... 5 min/batch

   60 min/batch X 4 batches X 2 persons = 480 min/week

7. RPR's (20 samples/batch X 4 batches X 1 person =).. 80 min/week

8. Clerical (Estimated time for all eighty units) .....360 min/week

9. Hepatitis Testing (consists of 2 runs of 50 specimens per week) ..... 480 min/week

   The hands on time is approximately four hours per run. This includes logs and clearing the units plus machine maintenance.

10. Labelling of Units

   a. Checking Units ..... 12 min/batch

   b. Transfer and arrangement ..... 10 min/batch

   c. Verification ..... 5 min/batch

   d. Labelling ..... 15 min/batch

   e. Re-check and movement ..... 10 min/batch

   52 min/batch X 4 batches X 2 persons = 416 min/week

11. Verification, Transfer and Rearrangement of Refrigerators

   ..... 120 min/week

TOTAL MINUTES/WEEK FOR PROCESSING	3863
MAN HOURS PER WEEK	64.4
MAN DAYS PER WEEK	8.1

SHIPPING

The figures on this page are based on the movement of approximately ninety units of packed red cells per week.

1. Coordination and utilization of blood under PACOM control (HABS, JABS, GABS, KABS, PABS).

   a. Shipment to/ receipt from ..... 90 min/week

   b. Coordination with NBRL .....30 min/week

2. The following figures represent a box of thirty units and are, therefore, multiplied by three.

   a. Preparation of documents (inventory of box) ..... 60 min/week
      20 min/week X 3

   b. Shipping forms ..... 60 min/week
      20 min/week X 3

   c. Disposition Control ..... 60 min/week
      20 min/week X 3

   d. Inventory Adjustment ..... 60 min/week
      20 min/week X 3

   e. Loading, Sealing and Packing ..... 60 min/week

3. Transportation

   a. Hospital ..... 60 min/week

   b. GBL (To Naha) .....180 min/week

   c. MAC ..... 90 min/week

TOTAL MINUTES PER WEEK —— 760

MAN HOURS PER WEEK 12.7

Man DAYS PER WEEK 1.6

The figures are accurate for packed cells only. The shipments involving frozen products, whole blood or reagents are more time consuming due to smaller quantities per box and increased packing requrements.

Figure 29 page 10

SUMMARY OF TIME UNITS

Quality Control	Minutes per Day	212
	Man Hours per Day	3.5
	Man Hours per Week	17.5
	Man Days per Week	2.2
OB's	Minutes per Day	294
	Man Hours per Day	4.9
	Man Hours per Week	25
	Man Days per Week	3.1
Supply	Minutes per Day	300
	Man Hours per Day	5
	Man Hours per Week	25
	Man Days per Week	3.1
Donor Recruitment	Minutes per Day	251
	Man Hours per Day	4.2
	Man Hours per Week	20.9
	Man Days per Week	2.6
Donor Drawing	Minutes per Day	828
	Man Hours per Day	13.8
	Man Hours per Week	69
	Man Days per Week	8.6
Processing of Donors	Minutes per Day	773
	Man Hours per Day	12.9
	Man Hours per Week	64.4
	Man Days per Week	8.1
Shipping	Minutes per Day	152
	Man Hours per Day	2.5
	Man Hours per Week	12.7
	Man Days per Week	1.6
TOTAL TECHNICAL TIME UNITS PER WEEK	Minutes per Day	2810
	Man Hours per Day	46.8
	Man Hours per Week	234.5
	Man Days per Week	29.3

These figures represent six working technicians and discount any of the administrative time listed on the following pages.

ADMINISTRATIVE TIME

1. Counseling ..... 60 min/day
2. Human Resource Control ..... 30 min/day
   a. Liaison
   b. Scheduling
   c. Assignments (internal)
   d. Adjustments due to external commitments
   e. Watch bills
3. Review of Panels and DD 572's ..... 15 min/day
4. Contingency Planning ..... 30 min/day
   a. Shop Up-grades
   b. Shop Maintenance
   c. Personnel
   d. Weekly Planning Meeting
   e. Weekly Shop Meeting
5. Equipment Purchase and Installation ..... 30 min/day
6. Clerical ..... 45 min/day
   a. Typing and receipt of Classified Material
   b. Routine Message Traffic
   c. Miscellaneous Correspondence
   d. Work Requests
7. Procedure Manual Up-date ..... 15 min/day
8. Tri-Service Control ..... 30 min/day
9. Public Relations ..... 30 min/day
   a. Theater
   b. Okinawa - Air Force
      Army
      Navy
      Marine Corps

Administrative Time (continued)

c. Interaction with Local Authorities

d. Tours

10. Command Responsibilities ..... 60 min/day

a. Command Nights

b. Leave

c. Zone Inspections

d. CMC Meetings

e. DAS Meetings

f. TAD

g. Navy Ball

h. Boy Scouts

i. Surgeon General

11. Personal Business ..... 30 min/day

a. CFAO

b. Disbursing

c. Hospital Business

12. Workload Reporting ..... 30 min/day

a. CAP Surveys

b. Morbidity Report

c. Monthly Work-Load

d. Quarterly Reports

e. Annual Reports

EXPANSION PROJECTS

These projects are presently beyond the minimum requirements PACOM must meet. Each is valuable for contingency, increased patient support at the USNRMC, or from a research or efficiency standpoint. The benefits and requirements of each will be briefly explained.

1. Increased emphasis on frozen red cells

   a. Value
   - -limits the number of units outdating on Okinawa
   - -allows for the indefinite storage of Group O Cells suitable for transfusion into virtually all patients
   - -permits long term storage of rare or autologous units
   - -provides a safer product for those who react to the normal non-autologous proteins
   - -permits storage of large quantities of cells to meet local emergencies
   - -provides valuable research information for NBRL

   b. Cost
   - -approximately thirty minutes are required per unit frozen and an equal amount of time per unit thawed
   - -reagents, hardware and freezer space

2. Washing of Red Cells to meet specific patient needs

   a. Value
   - -these cells are an excellent choice for infants
   - -they can be frozen and washed in quantities suitable for efficient infant use
   - -units can be shared by two or more infants
   - -ideal for other specialized patient needs

   b. Cost
   - -Technician time (60 minutes per unit thawed or washed)
   - -hardware and reagents plus their procurement

3. Preparation and Freezing of Platelet Pools

   a. Value
   Normally platelets can only be stored for 72 hours
   - -thawing of one pool saves having to come up with 8-12 donors, drawing their units and preparing a platelet pool
   - -this product is not being utilized now so increased benefit from a unit could be realized
   - -delivery of platelets will be reduced by 4-6 hours
   - -platelets will be available 24 hours per day in unlimited quantities

   far less resource use than in the procurement of fresh

   b. Cost
   - -an additional 12-20 man hours per week will be required to pool large quantities of platelets on a regular basis
   - -minor equipment modifications will be required (PH meter, hemocytometer or Coulter F adaptor)

EXPANSION PROJECTS (continued)

4. Plateletphoresis

   a. Value -produces a large volume of single donor platelets reducing the patients risk of immunization or hepatitis
   -can provide fresh platelets within four hours
   -the machine can be used to treat patients with other medical problems like hyperviscosity syndrome or a circulating antibody complex

   b. Cost -TAD to train personnel in the safe operation of the equipment
   -four man hours per pool procured (estimated 20 hours per week)
   -requires a stand-by in the vicinity in addition to the operator

5. Increased Training

   a. Value -On-island personnel must presently be utilized to meet contingency needs (Mobilization Staffing addressed to BUMED Aug 81 and J4 Action Conference)
   -NEC 0000/0000 can be utilized in semi-technical areas without extensive training
   -training fulfills JCAH requirements
   -cross-training enriches the job for the individual and increases their value to the Navy

   b. Cost -2 hours per week for each person trained
   -3-4 hours per week minimum for the instructor

6. Procedure Manual Up-date

   a. Value -required to meet acceptable standards

   b. Cost -unable to estimate the number of man hours it will take to complete the project

7. Increased Public Relations

   a. Value -ease in difficulty in obtaining donors

   b. Cost -increased man hours
   -promotional material

DEPARTMENT OF THE NAVY
U. S. NAVAL REGIONAL MEDICAL CENTER
OKINAWA, JAPAN
FPO SEATTLE 98778

110:DAR:tk
6530
9 June 1981

MEMORANDUM

From: Director, Pacific Command Blood Program
To: Commanding Officer, NRMC Okinawa
Via: Medical Disaster Preparedness Planning Officer, Emergency Medical Service, NRMC, Okinawa

Subj: Contingency Personnel Staffing for PACOM BPO

Ref: (a) NAVREGMEDCEN OKINAWA INSTRUCTION 3445.1A
(b) Operational Procedures for Military Blood Donor Centers, Armed Services Whole Blood Processing Laboratories, and Blood Transshipment Centers. TM 8-227-11; NAVMED P-5123; AFR 168-3 March 1976
(c) Manpower Authorization OPNAV 1000/2, dtd 7 April 81, Transaction No. M74155

1. The following personnel staffing levels are required for the PACOM Blood Program in the event of mass casualty/mobilization. This plan follows very closely the guidance given in reference (b) with additional personnel incorporated to perform donor bleeding and processing at PACOM BPO. Facilities which are considered ASWBPL's do not bleed donors but only perform quality control rechecks on units of blood and pack and ship these units to their destination. Consideration has been given to the fact that in a peacetime mode the daily personnel requirements for PACOM BPO are significantly below mobilization requirements and that the laboratory/blood bank trained personnel (8501/8506) are in limited supply at NRMC Okinawa. It is also realized that the tests required and provided by the Laboratory Service NRMC Okinawa would be significantly reduced to those basic parameters which give only the essential information required to effectively triage and stabilize casualties and post-operative surgical patients. Effective sharing of these critical personnel resources would therefore be mandatory as reference (c) maintains present staffing levels of laboratory technician (both 8501 and 8506) for the first 12 months of mobilization. It is requested that the personnel listed in paragraph 2 be approved as outlined, and the Laboratory Service and Human Resource Management Service coordinate with PACOM BPO in designating by position and name such staffing. These individuals will then be trained by PACOM BPO on their assigned responsibilities and exercised during mass casualty drills. In addition, these assignments should be incorporated into the Disaster Recall/Mass Casualty Drill plans and instructions.

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9 June 1981

Subj: Contingency Personnel Staffing for PACOM BPO

2. Contingency Personnel Staffing for Pacific Command Blood Program.

Director	MT(ASCP)SBB	O-4	One	Overall Coordinator Okinawa & Pacific Theater
	MT(ASCP)	O-2	One	Asst. for Okinawa Activities, Donor Coordinator
	8506	E-7	One	Asst. Director for Okinawa Ctr. & Pacific Theater
	8425	E-6	One	Supply and Administration
	8501	E-5	One	Supply and Transportation

TOTAL 05

SUB 8506 (01) 8501 (01)

DONOR SCREENING AND PHLEBOTOMY TEAM

8506	E-6	One	Supervisor/Screening
8506	E-5/E-4	Two	Phlebotomy Area
8501	E-5/E-4	Two	Screening Area
0000 EMT	E-4	Two	Phlebotomy/Recovery Area
0000	E-4	One	Strip/Seg
Red Cross Vol.		Two	Recovery Area

TOTAL 10 Including Red Cross Volunteers

SUB 8506 (03) 8501 (02)

COMPONENT PREPARATION

8506	E-6	One	Prepare FFP, CRYO, PLATELETS, LOGGING
8501	E-5/E-4	Two	Prepare Components, Labeling, Packaging
0000	E-4	One	Assist with Preparation of Components

TOTAL 04

SUB 8506 (01) 8501 (02)

DONOR PROCESSING

8506	E-6	One	Supervisor
8501	E-5	One	Forward Grouping (Slide)
8506	E-6/E-5	Two	Antibody Screening/Special Testing
8506	E-5	One	ABO/RH Testing (Groupamatic) DU Testing
8407	E-6	One	HBsAG Testing
0000	E-4	Two	Labeling, Logging, Glassware, Restocking

TOTAL 08

SUB 8506 (04) 8501 (01)

110:DAR:tk
6530
9 June 1981

Subj: Contingency Personnel Staffing for PACOM BPO

FROZEN-DEGLYCEROLIZATION

8506	E-6	One	Thawing/Deglycerolizing
0000	E-5/E-4	Three	Thawing/Deglycerolizing/Labeling/Supply
	TOTAL	04	
	SUB	8506 (01)	8501 (00)

RECEIPT/SHIPPING/DISTRIBUTION

8425	E-6	One	Supervisor/Records
0000	E-5/E-4	Four	Receipt/Packing/Distribution/Special Handling/Records/Coordination between Shipping Facilities
	TOTAL	05	
	SUB	8506 (00)	8501 (00)

Specialty ratings listed as Navy NEC. If Air Force or Army personnel are assigned to any positions use appropriate equivalent as listed in Appendix A - Staffing of the Armed Services Whole Blood Processing Laboratories. TM 8-227-11; NAVMED P-5123; AFR 168-3 March 1976.

All personnel described above to be provided immediately upon contingency/mobilization recall from NRMC Okinawa. Personnel to be identified by name on recall list and assigned and trained for specific duties. Personnel to report to PACOM Blood Program Office, Bldg #1760, Camp Kuwae, Okinawa. Individuals will report as specified by Director, PACOM in proper working uniform and report regularly for work at that location until reassigned.

3. Present Staffing Levels.

8506	E-7	One
8506	E-6	One
8506	E-4	One
8501	E-5	One

D. A. REICHMAN

Copies to:
Chief, Laboratory Service
Chief, Human Resource Management

APPENDIX B

STAFFING OF THE ARMED SERVICES WHOLE BLOOD PROCESSING LABORATORIES

The Armed Services Whole Blood Processing Laboratories shall be staffed with appropriate personnel from each of the three services on the basis of volume of blood processed.

The personnel requirements will be—

	Peace Time	*Personnel required for—		
		1000 units / day	2000 units / day	3000 units / day
Officer personnel	1	2	3	4
Enlisted personnel	9	25	42	66

*Requirements calculations are made on the following basis:

Duties Performed	Peace Time	1000 units / day	2000 units / day	3000 units / day
Officer in Charge	1	1	1	1
Asst. Officer in Charge		1	1	1
Shift Officer in Charge			1	2
Administration Section:				
NCO in Charge		1	1	2
Record Section		2	4	4
Supply Section	9	1	3	4
Blood Processing Section:				
NCO in Charge		1	1	2
Receiving and Shipping Section		8	12	21
Laboratory Section		9	16	26
Asst. Weekend 12-4 Hrl Staffing:		3	5	7
	10	27	45	70

Note: The above table of designated duty requirements is not to be construed as suggesting to any BPL that the personnel should be designated or assigned on this basis. The utilization of the personnel should be the responsibility of the Officer in charge.

Each service will supply one-third of the personnel requirements.

Not less than 30 percent of the enlisted personnel shall be laboratory technicians designated or capable of being designated as blood bank technicians.

Figure 30 page

Army, Navy, Air Force Staffing Equivalents for the Armed Services Whole Blood Processing Laboratories

Function/Duties Performed	Rank/grade	Army occupational specialty	Army specialty	Navy code	Navy specialty	Air Force specialty code	Air Force specialty
Officer in Charge	0-5/0-4	3311	Blood Bank Off	2300	Laboratory Off		Biomed Lab Officer
Assistant OIC	0-4	3311	Blood Bank Off	2300	Laboratory Off	9156G	Biomed Lab Officer
						9156G	Biomed Lab Officer
	0-3	3314	Clin. Lab Off	2300	Laboratory Off	9156A	Biomed Lab Officer
NCOIC	E-8	92H40	Chief Med. Lab Tech.	8506	Blood Bank Tech	90450	Med. Lab Supervisor
Administrative Section:				8425			
NCOIC	E-6	71H40	Personnel Spec.	8424	Adv. Med. Ser. Tech.	90670	Med. Admin. Sup.
	E-5	71H30	Clk. - Typist	8400	Hospital Corpsman	90650	Med. Admin. Spec.
	E-4/ E-3	71H20	Clk. - Typist	8400	Hospital Corpsman	90650	Med. Admin. Spec.
Blood Processing Section:							
NCOIC	E-7	92H40M400 92H40	Blood Bank Tec. Med. Lab. Tech.	8506	Blood Bank Tech	90470	Med. Lab. Tech.
Receiving and Shipping Sec.	E-7	92H40M400 92H40	Chief Med. Lab. Tech.	8506	Lab. Tech.	90470	Med. Lab. Tech.
	E-6	92H30M400	Blood Bank Spec.	8506	Lab./Asst. Lab. Tech.	90470	Med. Lab. Tech.
	E-5	92H30	Med. Lab. Spec.	8501 8506	Lab./Asst. Lab.	90450	Med. Lab. Spec.
		92H20M400	Blood Bank Spec.	8501	Lab./Asst. Lab. Tech.	90450	
	E-4/ E-3	92H20	Med. Lab. Spec.	8506 8501	Lab./Asst. Lab. Tech.	90450	Med. Lab. Spec.
Laboratory Section	E-7	92H40M400 92H40	Chief Med. Lab Tech.	8417	Lab. Tech.	90470	Med. Lab. Tech.
	E-6	92H30M400 92H30	Blood Bank Spec Med. Lab. Spec.	8417 8412	Lab./Asst. Lab. T. Lab./Asst. Lab. T.	90470 90470	Med. Lab.T. Med. Lab.T.
	E-5	92H30	Med. Lab. Spec.	8417	Lab./Asst. Lab. T.	90450	Med.Lab.Sp.
		92H20M400	Blood Bank Spec	8412	Lab./Asst. Lab. T.	90450	Med.Lab.Sp.
	E-4/ E-3	92H20	Med. Lab. Spec.	8417 8412	Lab./Asst. Lab. T.	90450	Med.Lab.Sp.

Figure 30 page 5

Function	Rank/Grade	Designator/NEC	Personnel Required for 1000 Units/Day	2000 Units/Day	3000 Units/Day	Duties Performed
Administration						
OIC	O-4	2300 MT(ASCP)SBB	1	1	1	Overall Coordinator for Okinawa and Pacific Theater
Asst. OIC	O-2	2305 MT(ASCP)	1	1	2	Asst. for Okinawa Activities, Donor Coordinator
NCOIC	E-7	8506	2	3	3	NCOIC for Administration and Donor Section/NCOIC for Blood Processing and Shipping Section
Admin. NCOIC	E-6	8425	1	1	1	Administration and Supply
Admin. Asst.	E-5	8501	1	1	1	Supply and Transportation
Admin. Asst.	E-4	0000	1	1	1	Supply and Transportation

Function	Rank/Grade	Designator/NEC	Personnel Required for 1000 Units/Day	2000 Units/Day	3000 Units/Day	Duties Performed
Donor Screening and Phlebotomy						
	E-6	8506	1	1	1	Supervisor/Assist in Screening
	E-5/E-4	8506	3	5	6	Phlebotomy Area
	E-5/E-4	8501	3	4	5	Screening Area
	E-4	8501	1	2	3	Phlebotomy Area
	E-5/E-4	0000 EMT	2	2	2	Phlebotomy/Recovery Area
	E-3	0000	2	3	4	Stripping/Segging Units

Figure 31 page 1

Function	Rank/Grade	Designator/NEC	Personnel Required for 1000 Units/Day	2000 Units/Day	3000 Units/Day	Duties Performed
Component Preparation						
	E-6	8506	1	1	1	Supervisor/Assist with Preparation of FFP, Cryo, Platelets, and Logging
	E-5	8506	1	1	1	Quality Control and Records Maintenance
	E-5/E-4	8501	2	4	6	Prepare Components, Labeling, and Packaging
	E-4	0000	1	1	1	Assist with Preparation of Components
	E-3	0000	1	3	5	Assist with Labeling/Logging

Function	Rank/Grade	Designator/NEC	Personnel Required for 1000 Units/Day	2000 Units/Day	3000 Units/Day	Duties Performed
Donor Processing						
	E-6	8506	1	1	1	Supervisor/Coordinator
	E-6/E-5	8506	2	2	2	Antibody Screening and Special Testing
	E-5	8506	1	3	4	ABO/Rh Testing (Groupamatic), Du Testing
	E-5	8501	1	4	7	Forward Grouping (Slide) Recheck Incoming Units
	E-5	8501	1	2	3	HBsAg/Syphillis Testing, Recheck Incoming Units
	E-4/E-3	0000	2	5	7	Inventory Units, Labeling, Logging, Restocking, Glassware

Figure 31 page 2

Function	Rank/Grade	Designator/NEC	Personnel Required for 1000 Units/Day	2000 Units/Day	3000 Units/Day	Duties Performed
Red Blood Cell Freezing/ Deglycerolization						
	E-6	8506	1	1	1	Freezing, thawing, Deglycerolization
	E-5	8501	1	1	1	Quality Control, Hemoglobins, Osmolalities
	E-5/Below	0000	3	3	3	Freezing/Thawing, Supply, Deglycerolization, Labeling

Function	Rank/Grade	Designator/NEC	Personnel Required for 1000 Units/Day	2000 Units/Day	3000 Units/Day	Duties Performed
Receipt, Shipping, Distribution						
	E-6	8506	1	1	1	Supervisor, Inspect Incoming Units, Records Maintenance
	E-5	8506	1	1	1	Special Handling, Records Maintenance, Coordination Between Shipping Facilities
	E-4	8501	1	2	2	Blood Inventory, Coordination of Incoming/Outgoing Units
	E-5/E-4	0000	4	8	11	Receipt, Distribution, Packing, Supply, Restocking

02 Officer 43 Enlisted	1000 Units/Day 8506	8501	0000	8425	02 Officer 67 Enlisted	2000 Units/Day 8506	8501	0000	8425	03 Officer 85 Enlisted	3000 Units/Day 8506	8501	0000	8425
Totals	15	11	16	01		20	20	26	01		22	28	34	01
Percentage	34.88	25.58	37.21	2.33		29.85	29.85	38.81	1.49		25.88	32.94	40.00	1.17

OPNAV 5216/144 (REV. 6-70)
S/N 0107-LF-778-8099

DEPARTMENT OF THE NAVY

Memorandum

DATE: 22 June 1982

FROM Asst. Director, Pacific Command Blood Program Office

TO Supply Service

SUBJ FDA Enforcement Report, reply to

1. The Pacific Command Blood Program Office does not utilize the following blood product: Whole Blood drawn in Rockwell, Massachusetts' Memorial Hospital; lot #ABA1098765.

Figure 32

DODAAC Corresponding to USPACOM BPO Routine Shipping

Place	Address	DODAAC
ASWBPL	Armed Services Whole Blood Processing Laboratory McGuire Air Force Base New Jersey, 08641 MCGUIRE AFB NJ//ASWBPL//	A7427H
Clark	Laboratory Officer USAF Reg Med Ctr/SGHL APO San Francisco 96274 PH: 6-1421/1428/1257 (OPR) 822-1201 USAFRGNMEDCEN CLARK AB RP//SGHL//	FB5250
Diego Garcia	Naval Support Facility Medical Dept Diego Garcia FPO San Francisco 96685 PH: 870-3314/3315 NAVSUPPFAC DIEGO GARCIA	FY5981
Guam	Laboratory Officer USNH, Guam FPO San Francisco 96630 PH: 344-9280/9279/9378 NAVHOSP GQ	N00352
Guam	Anderson Air Force Base, Guam APO San Francisco 96334	FB4624
Hawaii	Laboratory Officer Blood Bank Department Tripler Army Medical Center Tripler AMC, Hawaii 96859 PH: 433-6826/5278 CDRTAMC HONOLULU HI//HSHK-DP-C//	07C14A
Itazuke	348th USAF Dispensary APO San Francisco 96529	FB5235
Iwakuni	Laboratory Officer Blood Bank Department USNH Branch Hospital, Iwakuni FPO Seattle 98764	N62613
Korea	Laboratory Officer 121st Evac Hospital Seoul, Korea APO San Francisco 96301 PH: 293-5451/5453/5550 CDR121STEVACHOSP SEOUL KOR//KABPO//	AT4003

Figure 33 a page 1

Letterman	Blood Research Division Room 2201 Letterman Army Institute of Research Presidio of San Francisco, CA 94129 PH: 561-2161; 586-3336 CDRLAMC PSF SAN FRANCISCO CA	W62MXO
Misawa	Laboratory Officer Blood Bank Department USAF Hospital, Misawa APO San Francisco 96519 PH: 226-3350 USAFHOSP MISAWA AB JA//SGHL//	FB5205
NBRL	Boston University ~~Naval~~ Blood Research Laboratory 614 Albany Street Boston MA 02118 PH: 617-247-6700; A/V 955-4950 NAVSUBMEDRSCHLAB NEW LONDON CT ~~(PASS TO CAPT VALERI, NBRL BOSTON)~~ Pass to Dr Valeri, Boston University	N00014
Okinawa	U.S. Pacific Command Blood Program Office (USPACOM-BPO) USNH, OKINAWA FPO Seattle 98778 PH: 634-0340/2512 USPACOM BPO OKINAWA JA	N68470
Osan BTC	USAF Clinic Osan AB OSAN Blood Transhipment Center APO San Francisco 96570 PH: 271-1234 (Switch Board) 284-6619/6530/5806 USAFHOSP OSAN AB KOR//SGL//	FM5294
Sasebo	USNH Branch Clinic Sasebo, Japan FPO Seattle 98766	FB5235
Subic Bay	Laboratory Officer USNH, Subic Hospital FPO San Francisco 96652 PH: 822-3538/7222/7296 NAVHOSP SUBIC BAY RP	N96652
Yokosuka	Laboratory Officer USNH, Yokosuka FPO Seattle 98765 PH: 234-7126/5333 NAVHOSP YOKOSUKA JA	N68292

COMMODITY CODES

Commodity Codes are standardized two letter codes used as a primary identity factor for the contents of a shipping container. For the purpose of this manual, only those codes required for medical department/ blood bank services will be listed.

COMMODITY CODES // First Position:

C — *Chemical Corps items and all other chemicals not covered in other classifications.*

G — *Printed forms, Publications, Drawings, etc.*

M — *Medical Supplies (Note this will be the most common first position code to be used)*

Z — *Human Remains*

COMMODITY CODES // Second Position:

Note: Other than mail, which is denoted by a "U" in the First position, a DD form 1387-2 is required for all items with the characteristics requiring special precaution handling measures as outlined in chapter 5 (DOD 4500.32-R,Vol I)

A — *Hazardous Material requiring hand-to-hand receipt*

B — *Whole Blood (This code is to be used for all blood products that still contain the viable Red Cells,i.e. RCZ, WBZ, RCD, etc.)*

P — *Cargo requireing protection from freezing*

T — *Cargo requiring both normal refrigeration and hand-to-hand receipt (This code is to be used for shipments of reagents etc.)*

U — *Perishable cargorequiring refrigeration only*

V — *Vaccine*

W — *Highly perishable cargo requiring subfreezing refrigeration only.*

X — *Highly perishable cargo requiring both subfreezing refrigeration and hand-to-hand receipt. (This code is to be used with Frozen Blood components,i.e. PFF or AHF etc.)*

Y — *Protected cargo, other than above, including sensitive cargo requiring hand-tohand receipt and/or security precautions.*

X — *No special handling required.*

Figure 33b

FROM: Director, PACOM BPO

TO: All Watchstanders, Pacific Command Blood Program Office

SUBJ: Watchstanding Procedures for Pacific Command Blood Program Office

1. In order to maintain an effective and efficient watch system at the Pacific Command Blood Program Office, the following general guidelines are established for your information.

a. All watchstanders will be in the uniform of the day as perscribed by NRMC instructions. Dungarees are cinsidered a proper uniform after regular working hours provided no donors are present. Duty hours are from 0715-0715 daily. Flexibility is permissible on weekends and holidays with the consent of all involved parties.

b. All watchstanders will muster in person with the Chief of the day prior to assuming the duties at PACOM BPO.

c. When relieving a watch the following procedures will be observed:

(1) Obtain pertinent information regarding problems in the NRMC Blood Bank.

(2) Obtain pertinent information regarding equipment which is maintained on a twenty-four hour basis (i.e. freezers, refrigerators, incubators, etc.).

(3) Obtain the keys to the PACOM BPO and insure all doors are secure. It may be necessary to obtain the keys for any vehicles assigned to PACOM as well.

(4) Obtain any further information which may be entered in the Pacific Command Blood Program Office log.

d. During the course of a watch all refrigerators and freezers will be monitored for correct operation and temperatures will be recorded at least twice on weekdays and every four to six hours on weekends and holidays.

e. All temperatures and conditions of refrigerators and freezers will be recorded as either satisfactory or a comprehensive description of the problem will be entered in the log. Notify PACOM staff if there is a problem that appears to be uncorrectable immediately.

f. All entries in the PACOM log will be legibly done in ink, contain the time the entry was made, and concern only matters related to the operation of PACOM BPO.

Figure 34 page 1

SUBJ: Watchstanding Procedures for Pacific Command Blood Program Office

2. Prior to turning over the log and keys the duty room will be cleared of all personal belongings, clean linen will be placed on the bed and all ashtrays will be emptied.

3. In the event that corrective action cannot be initated or when a question arises that is beyond the scope of the watchstanders knowledge appropriate PACOM staff will be contacted.

4. If the watch is out of the building for any reason this absence will be recorded with the Chief of the Day and the senior watchstander in the Laboratory. Any time this arises the watchstander will carry the Walkie-Talkie assigned to PACOM BPO.

5. All calls are to be logged in the duty log and will include the following information:

a. Caller and location:
b. Time:
c. Nature of the call:
d. Action taken by PACOM:

6. All watchstanders will verify that they have read and understand the watchstanding procedures. A permanent record of such verification will be maintained in the PACOM BPO files.

David A. Reichman

Figure 34 page 2

GRAVITY BLOOD COLLECTION DEVICE (IN-HOUSE)
QUALITY CONTROL LOG
USPACOM JBPO, OKINAWA, JAPAN

NEGATIVE CONTROL:561.7GMS:"OK" RESULT MEANS THE COUNTERBALANCE WILL NOT RISE AND THE WEIGHTS WILL NOT DROP.

POSITIVE CONTROL:581.7GMS:"OK" RESULT MEANS COUNTERBALANCE IS ADJUSTED TO RISE SLOWLY AND ALLOW WEIGHTS TO DROP.

DATE________ TECH:__________

SCALE NUMB.	POSITIVE CONTROL	NEGATIVE CONTROL
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		

DATE:________ TECH:__________

SCALE NUMB.	POSITIVE CONTROL	NEGATIVE CONTROL
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		

DATE:________ TECH:__________

SCALE NUMB.	POSITIVE CONTROL	NEGATIVE CONTROL
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		

DATE:________ TECH:__________

SCALE NUMB.	POSITIVE CONTROL	NEGATIVE CONTROL
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		

DATE:________ TECH:__________

SCALE NUMB.	POSITIVE CONTROL	NEGATIVE CONTROL
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		

DATE:________ TECH:__________

SCALE NUMB.	POSITIVE CONTROL	NEGATIVE CONTROL
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		

Figure 35

MEMORANDUM (EXAMPLE)

From: PACOM BPO
To: Patient Affairs Office, NRMC Okinawa

Subj: Monthly Workload Report

Encl: 1) Blood Bank Operational Report

1. Enclosure (1) provides monthly workload figures for the month of March 1982 for the PACOM Bood Program.

Note - Enclosure (1) utilizes information on number of donors screened, drawn, processed, units shipped, units received, etc. on a monthly basis, recording these on the Quarterly Report Form (See Figure 37). These numbers are incorporated into the Hospital Monthly Workload Report. Figure 37 is primarily used for Blood Bank Operational Data Reporting to a different monitoring agency in BUMED (Navy Blood Program Office).

Figure 36

BLOOD BANK OPERATIONAL REPORT

FACILITY _____ CODE _____ RCS _____

COMMAND _____ PERIOD OF REPORT _____

RECEIPTS	UNITS	$/UNIT EXPENDED	TOTAL UNITS
WHOLE BLOOD/RED BLOOD CELLS			
1. BEGINNING INVENTORY			
2. TOTAL VOLUNTARY DONATIONS			
a. Military			
b. Dependents			
c. Government Civilians			
d. Other Civilians			
3. TOTAL RECEIVED FROM GOVERNMENT SOURCES			
a. Army			
b. Navy			
c. Air Force			
d. ASWBPL			
e. Other			
4. TOTAL RECEIVED FROM CIVILIAN SOURCES			
a. ANRC		$	
b. AABB		$	
c. Other Non-profit		$	
d. Commercial		$	
5. QUARTERLY TOTAL			
RED BLOOD CELLS, FROZEN			
13. BEGINNING INVENTORY			
14. TOTAL UNITS PREPARED			
15. RECEIVED FROM GOVERNMENT SOURCES			
16. RECEIVED FROM CIVILIAN SOURCES		$	
17. QUARTERLY TOTAL			
RED BLOOD CELLS, DEGLYCEROLIZED			
23. BEGINNING INVENTORY			
24. TOTAL UNITS PREPARED			
25. RECEIVED FROM GOVERNMENT SOURCES			
26. RECEIVED FROM CIVILIAN SOURCES		$	
27. QUARTERLY TOTAL			
PLATELET CONCENTRATE			
34. BEGINNING INVENTORY			
35. TOTAL UNITS PREPARED			
36. RECEIVED FROM GOVERNMENT SOURCES			
37. RECEIVED FROM CIVILIAN SOURCES		$	
38. QUARTERLY TOTAL			
SINGLE DONOR PLASMA, FRESH FROZEN			
45. BEGINNING INVENTORY			
46. TOTAL UNITS PREPARED			
47. RECEIVED FROM GOVERNMENT SOURCES			
48. RECEIVED FROM CIVILIAN SOURCES		$	
49. QUARTERLY TOTAL			
CRYOPRECIPITATED ANTIHEMOPHILIC FACTOR			
56. BEGINNING INVENTORY			
57. TOTAL UNITS PREPARED			
58. RECEIVED FROM GOVERNMENT SOURCES			
59. RECEIVED FROM CIVILIAN SOURCES		$	
60. QUARTERLY TOTAL			

DISPOSITIONS	UNITS	$/UNIT CREDITED	TOTAL UNITS
WHOLE BLOOD/RED BLOOD CELLS			
6. TOTAL UNITS TRANSFUSED			
a. Whole Blood			
b. Red Blood Cells			
7. TOTAL TRANSFERRED TO GOVERNMENT FACILITIES			
a. Army			
b. Navy			
c. Air Force			
d. ASWBPL			
e. Other			
8. TOTAL TRANSFERRED TO CIVILIAN FACILITIES			
a. ANRC		$	
b. AABB		$	
c. Other Non-profit		$	
d. Commercial		$	
9. OUTDATED			
10. OTHER DISPOSITIONS			
11. CLOSING INVENTORY			
12. QUARTERLY TOTAL			
RED BLOOD CELLS, FROZEN			
18. TRANSFERRED TO GOVERNMENT FACILITIES			
19. TRANSFERRED TO CIVILIAN FACILITIES		$	
20. DISCARDED/DEGLYCEROLIZED			
21. CLOSING INVENTORY			
22. QUARTERLY TOTAL			
RED BLOOD CELLS, DEGLYCEROLIZED			
28. TOTAL UNITS TRANSFUSED			
29. TRANSFERRED TO GOVERNMENT FACILITIES			
30. TRANSFERRED TO CIVILIAN FACILITIES		$	
31. DISCARDED			
32. CLOSING INVENTORY			
33. QUARTERLY TOTAL			
PLATELET CONCENTRATE			
39. TOTAL UNITS TRANSFUSED			
40. TRANSFERRED TO GOVERNMENT FACILITIES			
41. TRANSFERRED TO CIVILIAN FACILITIES		$	
42. DISCARDED			
43. CLOSING INVENTORY			
44. QUARTERLY TOTAL			
SINGLE DONOR PLASMA, FRESH FROZEN			
50. TOTAL UNITS TRANSFUSED			
51. TRANSFERRED TO GOVERNMENT FACILITIES			
52. TRANSFERRED TO CIVILIAN FACILITIES		$	
53. DISCARDED			
54. CLOSING INVENTORY			
55. QUARTERLY TOTAL			
CRYOPRECIPITATED ANTIHEMOPHILIC FACTOR			
61. TOTAL UNITS TRANSFUSED			
62. TRANSFERRED TO GOVERNMENT FACILITIES			
63. TRANSFERRED TO CIVILIAN FACILITIES		$	
64. DISCARDED			
65. CLOSING INVENTORY			
66. QUARTERLY TOTAL			

OTHER TRANSFUSION DATA

67. CROSSMATCHES PERFORMED _____
68. CROSSMATCH TO TRANSFUSION RATIO _____
69. UTILIZATION RATE _____ %
70. OUTDATE RATE _____ %
71. COMMERCIAL AHF PRODUCT TRANSFUSIONS _____
    a. Cost per Vial $_____
    b. Units per Vial _____
72. ADVERSE REACTIONS _____
    a. Hemolytic _____
    b. Minor (chills, fever) _____
    c. Hepatitis (confirmed) _____
    d. Other _____

73. HBsAG TESTING
    a. Number Units Tested _____
    b. Number Units Positive _____
74. PLASMA EXCHANGE PROGRAM
    a. Liters Shipped _____
    b. $ Value Per Liter $_____
75. EXCHANGE ACCOUNT BALANCE + or - _____
76. SEE INSTRUCTIONS ON REVERSE

SUBMITTED _____

APPROVED _____
COMMANDING OFFICER DAT

NAVMED 6530/1 (2-80)

Figure 37

MEMORANDUM (Example)

DATE: 22 June 1982

FROM: Pacific Command Blood Program Office
TO: HUMAN RESOURCES MANAGEMENT SERVICE
SUBJ: Pay Roster for 30 JUNE 1982; Submission of

1. The Following Named Officers and enlisted members are attached to the PACOM BPO department;
2. Submitted By: LTJG K. Barnes, Picked Up By:

OFFICERS	SSN	ENLISTED	SSN
LTJG K. Barnes	075-89-4638	HM2 M. Baker	776-22-1976
LCDR D. Reichman	924-17-6975	HM3 T. Tile	220-30-0078

NOTE: Members with Bank By Mail should also be listed on this pay roster.

Figure 38

10 July 1982

MEMORANDUM (Example)

FROM: PACOM Blood Donor Center
TO: Human Resources Management Service
SUBJ: PACOM BPO Watchbill for the Month of August 1982

1. The personnel listed below are assigned watches at PACOM BPO during the Month of August 1982.

DAY	DATE	NAME	DAY	DATE	NAME
SUN	01	HM3 HOUSE	TUE	17	HM3 POWERS
MON	02	HM3 TILE	WED	18	HM1 SOLI
TUE	03	HM3 TOWER	THU	19	HM2 BAKER
WED	04	HM2 ABBOTT	FRI	20	HM3 HOUSE
THU	05	HM2 FOWLER	SAT	21	HM3 TILE
FRI	06	HM2 COLE	SUN	22	HM3 TOWER
SAT	07	HM1 SANDS	MON	23	HM2 FOWLER
SUN	08	HM1 SOLI	TUE	24	HM2 COLE
MON	09	HM3 POWERS	WED	25	HM2 ABBOTT
TUE	10	HM2 BAKER	THU	26	HM1 SANDS
WED	11	HM3 HOUSE	FRI	27	HM1 SOLI
THU	12	HM3 TOWER	SAT	28	HM2 BAKER
FRI	13	HM2 ABBOTT	SUN	29	HM3 HOUSE
SAT	14	HM2 FOWLER	MON	30	HM3 TILE
SUN	15	HM2 COLE	TUE	31	HM3 TOWER
MON	16	HM1 SANDS			

SUPERNUMERARY LIST
HM3 HOUSE
HM1 SOLI
HM2 COLE
HM1 SANDS
HM2 FOWLER
HM3 TILE
HM3 POWERS
HM3 TOWER
HM2 ABBOTT
HM2 BAKER

Figure 39

MEMORANDUM (Example)

DATE 12 July 1982

FROM: Pacific Command Blood Program Office
TO: Human Resources Management Service
SUBJ: Emergency Recall Roster, submission of

1. The following personnel are currently assigned to PACOM BPO:

NAME	SOCIAL SECURITY #	ADDRESS	PHONE
LCDR D. Reichman	924-17-6975	2026 Kishaba Terr.	635-6137
LTJG K. Barnes	075-89-4638	1974 Kishaba Terr.	635-7523
HMC L. Lister	822-96-7593	BEQ,6029, Room 211	631-9462
HM1 R. Sands	375-86-1945	827 Futema	635-5146
HM1 S. Soli	265-12-4331	BEQ,4063, Room 121	631-9732
HM2 E. Abbott	155-71-3214	Beiryo Housing,Oyama Ref.Map	
HM2 H. Cutter	661-11-1231	BEQ,6041, Room 215	631-8524
HM2 A. Wood	241-99-9078	BEQ,6014, Room 208	631-7733
HM2 M. Baker	776-22-1976	BEQ 6016, Room 217	631-9241
HM3 T. Tile	220-30-0078	1706 Park Terr.	0989-35-4111

Figure 40

9 July 1982

MEMORANDUM (Example)

From: PACOM Blood Donor Center
To: Human Resources Management Service

Subj: PACOM BPO Typhoon Watchbill for the month of August 1982

Ref: (a) NAVREGMEDCEN OKINAWA INSTRUCTION 3442.1C 360 25 Aug 1981 Subj: Destructive Weather (Typhoon) Bill; establishment of

1. The personnel listed below are assigned typhoon watches at PACOM BPO during the month of August 1982. This watch will have 3 people on three section duty.

DAY	DATE	NAME	NAME	NAME
WED	01	HM1 SANDS	HM3 TILE	HM3 TOWER
THU	02	HM1 SOLI	HM3 FOWLER	HM3 ABBOTT
FRI	03	HM2 BAKER	HM2 COLE	HM3 HOUSE
SAT	04	HM1 SANDS	HM3 TILE	HM3 TOWER
SUN	05	HM1 SOLI	HM3 FOWLER	HM3 ABBOTT
MON	06	HM2 BAKER	HM2 COLE	HM3 HOUSE
TUE	07	HM1 SANDS	HM3 TILE	HM3 TOWER
WED	08	HM1 SOLI	HM3 FOWLER	HM3 ABBOTT
THU	09	HM2 BAKER	HM2 COLE	HM3 HOUSE
FRI	10	HM1 SANDS	HM3 TILE	HM3 TOWER
SAT	11	HM1 SOLI	HM3 FOWLER	HM3 ABBOTT
SUN	12	HM2 BAKER	HM2 COLE	HM3 HOUSE
MON	13	HM1 SANDS	HM3 TILE	HM3 TOWER
TUE	14	HM1 SOLI	HM3 FOWLER	HM3 ABBOTT
WED	15	HM2 BAKER	HM2 COLE	HM3 HOUSE
THU	16	HM1 SANDS	HM3 TILE	HM3 TOWER
FRI	17	HM1 SOLI	HM3 FOWLER	HM3 ABBOTT
SAT	18	HM2 BAKER	HM2 COLE	HM3 HOUSE
SUN	19	HM1 SANDS	HM3 TILE	HM3 TOWER
MON	20	HM1 SOLI	HM3 FOWLER	HM3 ABBOTT
TUE	21	HM2 BAKER	HM2 COLE	HM3 HOUSE
WED	22	HM1 SANDS	HM3 TILE	HM3 TOWER
THU	23	HM1 SOLI	HM3 FOWLER	HM3 ABBOTT
FRI	24	HM2 BAKER	HM2 COLE	HM3 HOUSE
SAT	25	HM1 SANDS	HM3 TILE	HM3 TOWER
SUN	26	HM1 SOLI	HM3 FOWLER	HM3 ABBOTT
MON	27	HM2 BAKER	HM2 COLE	HM3 HOUSE
TUE	28	HM1 SANDS	HM3 TILE	HM3 TOWER
WED	29	HM1 SOLI	HM3 FOWLER	HM3 ABBOTT
THU	30	HM2 BAKER	HM2 COLE	HM3 HOUSE
FRI	31	HM1 SANDS	HM3 TILE	HM3 TOWER

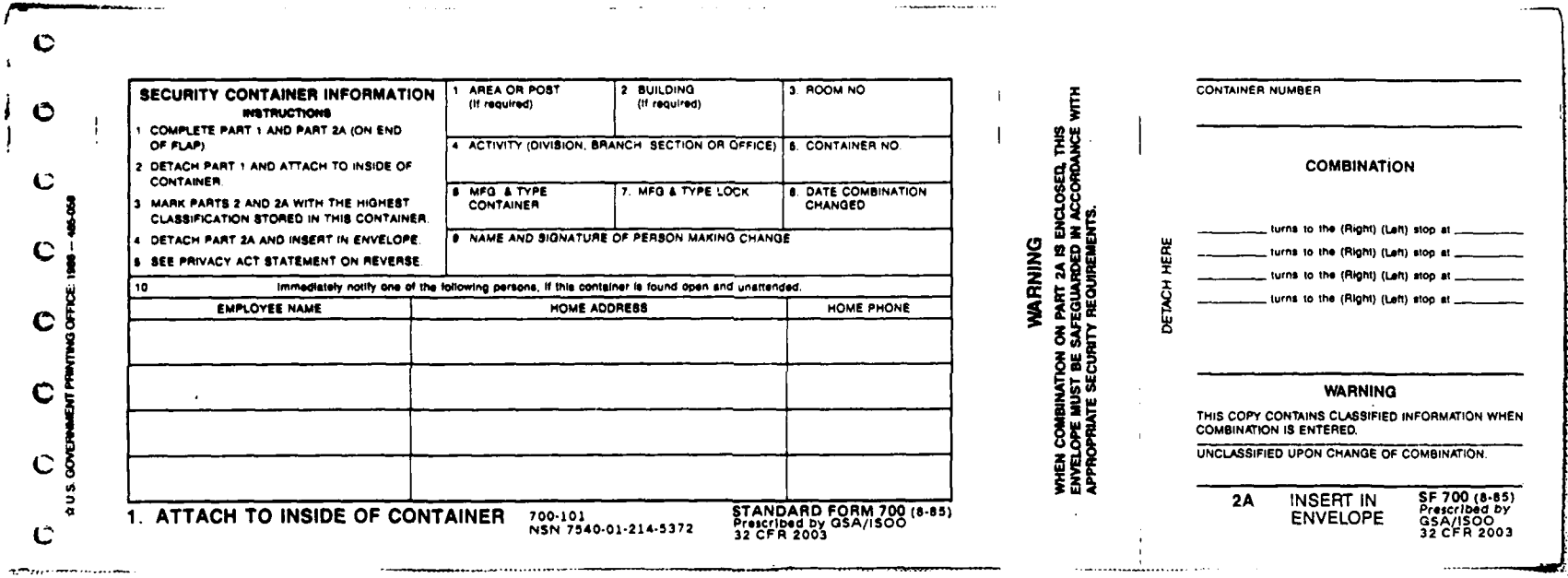
Figure 41 page 1

2. Watchstanders will muster with the Hospital OOD at Condition One - Caution and throughout the duration of the typhoon (by telephone). C-Rations will be picked up at Contition One Caution. During "All Clear", all rations will be accounted for and paid for in accordance with Reference (a).

3. SUPERNUMERARY LIST.

HM1 SANDS
HM3 TILE
HM3 TOWER
HM1 SOLI
HM3 FOWLER
HM3 ABBOTT
HM2 BAKER
HM2 COLE
HM3 HOUSE

DAVID A. REICHMAN



SECURITY CONTAINER INFORMATION

INSTRUCTIONS

1. COMPLETE PART 1 AND PART 2A (ON END OF FLAP)
2. DETACH PART 1 AND ATTACH TO INSIDE OF CONTAINER.
3. MARK PARTS 2 AND 2A WITH THE HIGHEST CLASSIFICATION STORED IN THIS CONTAINER.
4. DETACH PART 2A AND INSERT IN ENVELOPE.
5. SEE PRIVACY ACT STATEMENT ON REVERSE.

1. AREA OR POST (If required)	2. BUILDING (If required)	3. ROOM NO.
4. ACTIVITY (DIVISION, BRANCH, SECTION OR OFFICE)		5. CONTAINER NO.
6. MFG. & TYPE CONTAINER	7. MFG. & TYPE LOCK	8. DATE COMBINATION CHANGED
9. NAME AND SIGNATURE OF PERSON MAKING CHANGE		

10. Immediately notify one of the following persons, if this container is found open and unattended.

EMPLOYEE NAME	HOME ADDRESS	HOME PHONE

1. ATTACH TO INSIDE OF CONTAINER

700-101
NSN 7540-01-214-5372

STANDARD FORM 700 (8-85)
Prescribed by GSA/ISOO
32 CFR 2003

WARNING

WHEN COMBINATION ON PART 2A IS ENCLOSED, THIS ENVELOPE MUST BE SAFEGUARDED IN ACCORDANCE WITH APPROPRIATE SECURITY REQUIREMENTS.

DETACH HERE

CONTAINER NUMBER

COMBINATION

_____ turns to the (Right) (Left) stop at _____
_____ turns to the (Right) (Left) stop at _____
_____ turns to the (Right) (Left) stop at _____
_____ turns to the (Right) (Left) stop at _____

WARNING

THIS COPY CONTAINS CLASSIFIED INFORMATION WHEN COMBINATION IS ENTERED.

UNCLASSIFIED UPON CHANGE OF COMBINATION.

2A INSERT IN ENVELOPE

SF 700 (8-85)
Prescribed by GSA/ISOO
32 CFR 2003

ORGANIZATION, OP	BUILDING & ROOM NO.	THIS ENVELOPE CONTAINS THE COMBINATION TO: CNOS-	CNOV-
NAME (CUSTODIAN)	RANK OR GRADE	CNOF-	CNOP-
SIGNATURE SPECIMEN	PHONE (OFFICE)	DATE CHANGED	
1. SIGNATURE (AUTHORIZED ACCESS)	RANK OR GRADE	RECEIPT FOR COMBINATION	
2. SIGNATURE (AUTHORIZED ACCESS)	RANK OR GRADE	RECEIVED BY (SIGNATURE)	
3. SIGNATURE (AUTHORIZED ACCESS)	RANK OR GRADE	DATE	TIME
4. SIGNATURE (AUTHORIZED ACCESS)	RANK OR GRADE	RELEASED BY (SIGNATURE)	

THE ABOVE SIGNATURES OF AUTHORIZED RECIPIENTS ARE REQUIRED FOR COMPARISON BY RELEASING OFFICER.

Figure 42

★U.S.GPO:1987-0-708-340/60071

WORK REQUEST (MAINTENANCE MANAGEMENT)
NAVFAC 9-11014/20 REV. 2-68I S/N 0105-LF-002-7510
Supersedes NAVDOCKS 2351

(PW Department see Instructio in NAVFAC MO-321)

Requestor see Instructions on Reverse Side

PART I—REQUEST (Filled out by Requestor)

1. FROM	2. REQUEST NO.
3. TO	4. DATE OF REQUEST
5. REQUEST FOR ☐ COST ESTIMATE ☐ PERFORMANCE OF WORK	5a. REQUEST WORK START
6. FOR FURTHER INFORMATION CALL	7. SKETCH/PLAN ATTACHED ☐ YES ☐ NO

8. DESCRIPTION OF WORK AND JUSTIFICATION *(Including location, type, size, quantity, etc.)*

9. FUNDS CHARGEABLE	10. SIGNATURE *(Requesting Official)*

PART II—COST ESTIMATE
(Filled out by Maintenance Control Division if estimate requested)

11. TO	12. ESTIMATE NO.

13. COST ESTIMATE		14. SKETCH/PLAN ATTACHED ☐ YES ☐ NO
a. Labor	$	15
b. Material	$	☐ APPROVED. PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	$	☐ APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____
d. Equipment Rental/Usage	$	AUTHORIZED BY 25TH CW _____ AND FUN ARE MADE AVAILABLE.
e. Contingency	$	☐ DISAPPROVED. *(See Reverse Side)*
f. TOTAL	$	16. SIGNATURE / 17. DATE

PART III—ACTION (Filled out by Requestor)

18. TO:

19. AUTHORIZATION TO PROCEED IS ATTACHED *(Check one if other than PW funds are involved)* ☐ NAVCOMPT 140 ☐ OTHER	20. WORK REQUESTED ☐ HAS BEEN CANCELLED ☐ HAS BEEN DEFERRED ☐ WILL BE PERFORMED BY OTHERS
21. SIGNATURE	22. DATE

(See Part IV on Reverse Side)

Figure 43

KEY TELEPHONE NUMBERS.

Routine and Emergency Numbers Required for the Operational Support of PACOM BPO.

FIRE	117	
MILITARY POLICE	634-6441	
HOSPITAL SECURITY (NORMAL HOURS)	631-7336	
(DUTY HOURS)	631-7355	
EMERGENCY ROOM	631-7434,7338	
MEDICAL REPAIR	631-7456	
MAINTENANCE (NORMAL HOURS)	631-7481	
(DUTY HOURS)	631-7368	
LCDR REICHMAN	635-6137	PAGER 613
LTJG BARNES	635-7523	PAGER 659

Figure 44

11-9. Dry Ice:

a. Handling Instructions. Dry Ice is cold and will damage human tissue upon contact. Store in a ventilated space. Never store in hermetically or tightly sealed containers. To minimize carbon dioxide concentration in aircraft while on the ground, open cargo and access doors for the maximum ventilation.

b. Properties. Solid carbon dioxide. At temperatures above -78.5°C, ice will sublime and release carbon dioxide fumes. If the carbon dioxide concentration exceeds 0.5%, crew personnel may suffer shortness of breath. Carbon dioxide concentrations of 3.0% are endurable for from ½ to 1 hour, 5.0% are dangerous for ½ hour to 1 hour, and 9.0% are fatal in from five to ten minutes. Carbon dioxide is heaver than air; therefore, the highest concentration is at or nead floor level. Crew personnel should be cautiond against lying on the cargo compartment floor, or remaining in the cargo compartment for a prolonged period of time. If symptoms of overexposure are noted, the use of oxygen and increased ventilaation should provide rapid relief.

c. Packaging:

(1) Wrap in kraft paper, secure with tape and pack in corrugated boxes, PPP-B-636, V3C or PPP-B-640, Class 2, Style E.

(2) For pressured aircraft, the amount of dry ice that can be safely shipped by air, regardless of the type container used, depends upon the sublimation rate of the ice, the volume of the aircraft, and the number of air changes per hour.

(a) To minimize the sublimation rate, insulated containers surrounded with insulating blankets and tarpaulins during shipment are used to the greatest extent possible.

(b) To determine the amount of dry ice that can be safely shipped by air, use the following formula or data:

$$X = \frac{VA(0.47)}{32.3}$$

Where:
V=Volume of the aircraft
A=Air changes/Hr
X=Maximum dry ice loading in pounds

(c) When aircraft is on minimum air changes per hour, safe loads are drastically reduced. Dry ice may not be loaded in quantities exceeding those shown below when the aircraft will be on the ground longer than 45 minutes.

AIRCRAFT TYPE	MAXIMUM AMOUNT IN POUNDS
C-97	50
C-118	900
C-121	50
C-130	600
C-135	600
C-54	1400
C-119	1500
C-121	1460
C-124	2500
C-141	3644

NOTE: C-141 with unpressurized cargo compartment. If fumes are

Figure 45 page 1

(d) For shipment of dry ice in other nonpressurized aircraft, contact Air Force Logistics Command as outlined in paragraph 1-1d(3), for maximum amount that can be shipped, furnishing the type of aircraft, maximum amount of ventilation in cubic feet per minute, and size of cargo compartments in cubic feet.

(4) C-5 Aircraft. Dry ice may be carried in the C-5A cargo compartment under the following aircraft operating conditions:

(a) During cruise (Mach 0.5 and up) and altitudes up to 30,000 ft, a safe load of dry ice is 4700 pounds. The ECS must be operated with "both" air-conditioning units on, a "Normal" flow setting on the flow control valve, and the "intermediate" setting on the alternative air valve.

(b) During cruise (Mach 0.6 and up) and altitudes above 30,000 ft, a safe load is 3120 pounds. The ECS must be operated as delineated in (4)(a) above.

(c) During unpressurized flight up to 10,000 ft, a safe load is 6,500 pounds. The auxiliary vent valve must be open for this condition.

(d) On the ground with one auxillary power unit(air turbine motor at idle) a safe operating load is 2950 pounds. The auxiliary vent valve must be open for this condition.

(e) Do not carry dry ice in any upper deck compartment.

(f) Do not carry dry ice when troops are carried in the cargo compartment.

(g) Dry ice should be carried in the aft end of the cargo compartment.

ACRONYMS

Acronyms	Meaning
AB	Air Base
ACA	Airlift Clearance Authority
ADPE (EDPE)	Automated (Electronic) Data Processing Equipment
AF	Air Force
AFB	Air Force Base
AFLC	Air Force Logistics Command
APOD	Aerial Port of Debarkation
APOE	Aerial Port of Embarkation
BL	Bill of Lading
CBL	Commercial Bill of Lading
CONEX	Container Express
CONUS	Continental United States
CU	Cube
DAAS	Defense Automatic Address System
DIC	Document Identifier Code
DISREP	Discrepancy in Shipment Report
DoDAAC	Department of Defence Activity Address Code
DoDAAD	Department of Defence Activity Address Dictionary
DoDIC	Department of Defence Identification Code
DoT	Department of Transportation
DTS	Defense Transportation System
ETA	Estimated Time of Arrival
ETM	Electrically Transmitted Message
FSC	Federal Stock Classification
GBL	Government Bill of Lading
GMT	Greenwich Mean Time
MAC	Military Airlift Command
MACAA	Military Airlift clearance Authority Agency
MATCO	Military Air Traffic Coordinating Office
MCA	Movement Control Agency

Figure 46 page 1

MILSTAMP	Military Standard Transportation and Movement Procedures
MILSTRIP	Military Standard Requisitioning and Issue Procedures
MSC	Military Sealift Command
MTMC	Military Traffic Management Command
NLT	Not Later Than
PAL	Parcel Airlift Command
PDD	Priority Delivery Date
POD	Port of Debarkation
POE	Port of Embarkation
RDD	Required Delivery Date
REPSHIP	Report of Shipment
RU	Release Unit
SAAM	Special Assignment Airlift Mission
SAM	Space Available Mail
SDD	Standard Delivery Date
TAC	Transportation Account Code
TCMD	Transportation Control and Movement Document
TCN	Transportation Control Number
TGBL	Through Government Bill of Lading
TMA	Traffic Management Agency
UMMIPS	Uniform Materiel Movement and Issue Priority System
USPS	United States Postal Service
WT	Weight
ZIP	Zone Improvement Plan

Notes: All Acronyms used in these listings are those that specifically apply to shipments through government agencies. Reference: DoD 4500.32-R, Vol I.

SHIPMENT PLANNING WORKSHEET

DATE: (1) NAME OF PERSON PREPARING SHIPMENT: (2)

ITEM/PRODUCT REQUESTED (Include Quantity Requested)

(3)

INFORMATION ON REQUESTOR/CONSIGNEE

NAME/RANK: (4) AUTOVON NUMBER: (5)

SHIPMENT CODES

TCN: N68470-(6)-XXX COMMODITY CODE: (7)

CONSIGNER	CONSIGNEE
DoDAAC: N68470 (8)	DoDAAC: (9)
ADDRESS: USPACOM BLOOD PROGRAM OFFICE	ADDRESS:
(10) USNH OKINAWA	(11)
FPO SEATTLE 98778	
POE: DNA (12)	POD: (13)
KADENA AFB	
(14) OKINAWA	(15)
CONTAINER: (16)	QUANTITY: (17)
WEIGHT: (18)	TOTAL: (19)
CUBE: (20)	TOTAL: (21)

TYPE OF SHIPMENT WET OR FROZEN: (22)

SPECIAL INSTRUCTIONS: (23)

AUTOVON/MESSAGE INFORMATION

INFO GIVEN TO (24) PLA (27)

DATE/TIME OF CALL (25)

CALLER (26)

INFORMATION GIVEN (28)

MANIFEST # ETD: ETA: MISSION #

TAIL # AIRCRAFT TCN # N68470-XXX-XXX

FOR ADDITIONAL INFORMATION CONTAINED IN THE MESSAGE SEE CINCPACINST 6530.2E (BLOOD SHIPMENT FORMAT)

Figure 47a

SHIPMENT PLANNING WORKSHEET

DATE: 11 JUN 85 NAME OF PERSON PREPARING SHIPMENT: Susan England

ITEM/PRODUCT REQUESTED (Include Quantity Requested)

30 RCZ

INFORMATION ON REQUESTOR/CONSIGNEE

NAME/RANK: LCDR FRANKLIN/LT SMALLING AUTOVON NUMBER:

SHIPMENT CODES

TCN: N68470-5162 - X030-XXX COMMODITY CODE: MT

CONSIGNER	CONSIGNEE
DoDAAC: N68470	DoDAAC: FY5981
ADDRESS: USPACOM BLOOD PROGRAM OFFICE USNH OKINAWA FPO SEATTLE 98778	ADDRESS: NAVAL SUPPORT FACILITY MEDICAL DEPARTMENT DIEGO GARCIA FPO SAN FRANCISCO 96685
POE: DNA KADENA AFB OKINAWA	POD: NSW DIEGO GARCIA CHAGOS ARCHIPELAGO INDIAN OCEAN
CONTAINER: BX	QUANTITY: 01
WEIGHT: 45	TOTAL: 45
CUBE: 3.3	TOTAL: 3.3

TYPE OF SHIPMENT WET OR FROZEN: WET ICE
SPECIAL INSTRUCTIONS:
FLIGHT INFO INTO CRK ONLY FROM CRK UNKNOWN

AUTOVON/MESSAGE INFORMATION

INFO GIVEN TO JANE DOE PLA NAVSUPPFAC DIEGO GARCIA
DATE/TIME OF CALL 14 JUN 85/ 1330
CALLER Susan England

INFORMATION GIVEN

MANIFEST # DNA5C03883 ETD: 1326 ETA: MISSION # PQPT65340130
TAIL # 50227 AIRCRAFT C141 TCN: N68470-5162 - X030 - XXX

FOR ADDITIONAL INFORMATION CONTAINED IN THE MESSAGE SEE CINCPACINST 6530.2E (BLOOD SHIPMENT FORMAT)

Figure 47b

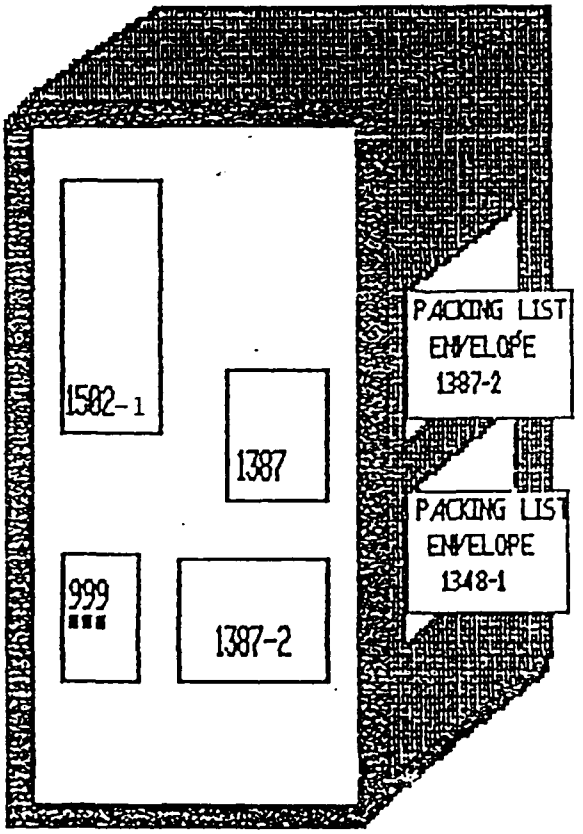
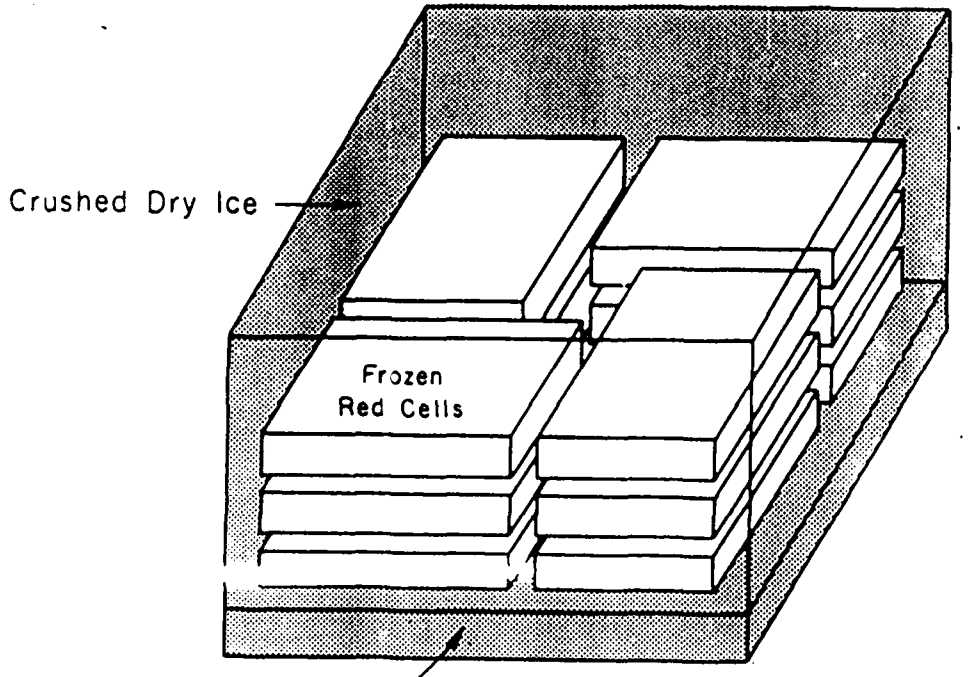

1582-1
1387
999
1387-2
PACKING LIST
ENVELOPE
1387-2
PACKING LIST
ENVELOPE
1348-1

Figure 48a

STANDARD POLYSTYRENE FOAM CONTAINER



Box Contains:

12 units of frozen red cells

40 lbs of dry ice

Figure 48b

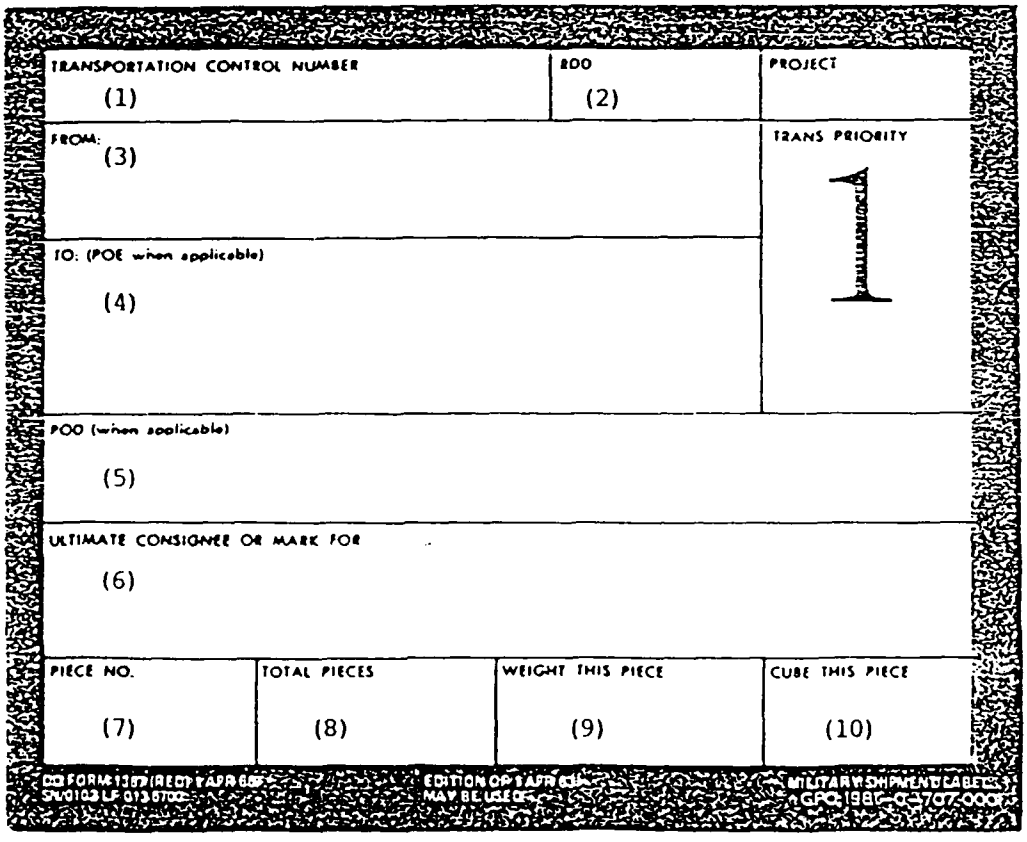

TRANSPORTATION CONTROL NUMBER
(1)
RDD
(2)
PROJECT
FROM:
(3)
TRANS PRIORITY
1
TO: (POE when applicable)
(4)
POD (when applicable)
(5)
ULTIMATE CONSIGNEE OR MARK FOR
(6)
PIECE NO.
(7)
TOTAL PIECES
(8)
WEIGHT THIS PIECE
(9)
CUBE THIS PIECE
(10)

Figure 49a

TRANSPORTATION CONTROL NUMBER	RDD	PROJECT
N68470- 2130-X030-XXX	999	

FROM: N68470
PACOM BLOOD PROGRAM OFFICE
USNH, OKINAWA
FPO SEATTLE 98778

TRANS PRIORITY: 1

TO: (POE when applicable)
DNA
KADENA AFB
OKINAWA, JAPAN

POD (when applicable)
NKW
NAVAL SUPPORT FACILITY
DIEGO GARCIA

ULTIMATE CONSIGNEE OR MARK FOR
FY5981
MEDICAL DEPARTMENT
NAVAL SUPPORT FACILITY
ATTN: LT JONES

PIECE NO.	TOTAL PIECES	WEIGHT THIS PIECE	CUBE THIS PIECE
1	1	040	3

DD FORM [illegible] EDITION OF [illegible] MAY BE USED MILITARY SHIPMENT LABEL [illegible]

Figure 49b

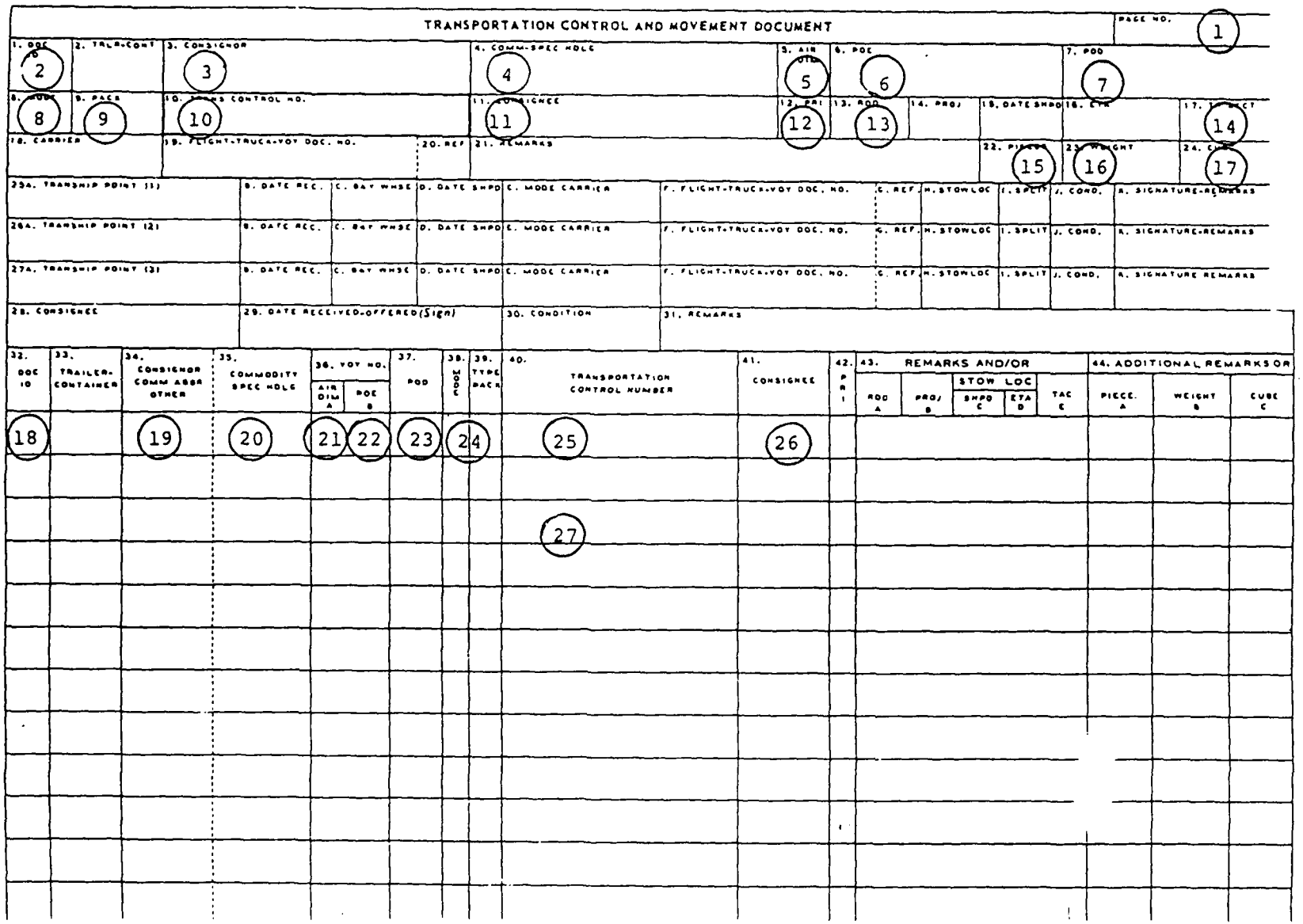

TRANSPORTATION CONTROL AND MOVEMENT DOCUMENT
PAGE NO.
1
1. DOC
2
2. TRLR-CONT
3. CONSIGNOR
3
4. COMM-SPEC HDLG
4
5. AIR OTLD
5
6. POE
6
7. POD
7
8. MODE
8
9. PACD
9
10. CONTROL NO.
10
11. CONSIGNEE
11
12. PRI
12
13. ROD
13
14. PROJ
15. DATE SHPD
16. CTN
17. WGT
14
18. CARRIER
19. FLIGHT-TRUCK-VOY DOC. NO.
20. REF
21. REMARKS
22. PIECES
15
23. WEIGHT
16
24. CUBE
17
25A. TRANSHIP POINT (1)
B. DATE REC.
C. DAY WHSE
D. DATE SHPD
E. MODE CARRIER
F. FLIGHT-TRUCK-VOY DOC. NO.
G. REF.
H. STOWLOC
I. SPLIT
J. COND.
K. SIGNATURE-REMARKS
26A. TRANSHIP POINT (2)
B. DATE REC.
C. DAY WHSE
D. DATE SHPD
E. MODE CARRIER
F. FLIGHT-TRUCK-VOY DOC. NO.
G. REF.
H. STOWLOC
I. SPLIT
J. COND.
K. SIGNATURE-REMARKS
27A. TRANSHIP POINT (3)
B. DATE REC.
C. DAY WHSE
D. DATE SHPD
E. MODE CARRIER
F. FLIGHT-TRUCK-VOY DOC. NO.
G. REF.
H. STOWLOC
I. SPLIT
J. COND.
K. SIGNATURE REMARKS
28. CONSIGNEE
29. DATE RECEIVED-OFFERED (Sign)
30. CONDITION
31. REMARKS
32. DOC ID
33. TRAILER-CONTAINER
34. CONSIGNOR COMM ABBR OTHER
35. COMMODITY SPEC HDLG
36. VOY NO.
AIR DIM A
POE B
37. POD
38. MODE
39. TYPE PACK
40. TRANSPORTATION CONTROL NUMBER
41. CONSIGNEE
42. PRI
43. REMARKS AND/OR
ROD A
PROJ B
STOW LOC
SHPD C
ETA D
TAC E
44. ADDITIONAL REMARKS OR
PIECE. A
WEIGHT B
CUBE C
18
19
20
21
22
23
24
25
26
27

Figure 50a

TRANSPORTATION CONTROL AND MOVEMENT DOCUMENT

PAGE NO. 01 OF 01

DOC ID	TCN-CONT	CONSIGNOR	COMM SPEC HDLG	AIR DIM	POE	POD
TJA		N68470 USPACOM BPO	MX	A	DNA	UAM

MODE	PACK	TRANS CONTROL NO.	CONSIGNEE	PRI	RDD	PROJ	DATE SHPD	ETA	TR ACCT
F	BX	N68470-2163-X038-XXX	N00352 USNH GUAM	1	999				N168

CARRIER	FLIGHT-TRUCK-VOY DOC. NO.	REF	REMARKS	PIECES	WEIGHT	CUBE
			POC: LT JOB PHONE: 344-9279/9280	01	50	3

DOC ID	TRAILER CONTAINER	CONSIGNOR COMM SPEC OTHER	COMMODITY SPEC HDLG	AIR DIM	POE	POD	MODE	TYPE PACK	TRANSPORTATION CONTROL NUMBER	CONSIGNEE	PRI	REMARKS AND/OR ADDITIONAL REMARKS OR
TJ1												DRY ICE: FOR MORE EXPLICIT INFORMATION
												SEE DD FORM 1502
TJ1												SIGNATURE SERVICE REQUIRED
												USE AF FORM 127

MACA
12 ...
SSgt Wilkinson

DD FORM 1384 1 APR 66 S/N 0102-LF-013-5700 REPLACES EDITION OF 1 APR 63 WHICH MAY BE USED

3

Figure 50b

APPENDIX B - CODES

Section I. DOCUMENT IDENTIFIER CODES (DICS)

NUMBER OF CHARACTERS:	Three
TYPE OF CODE:	Alpha and Alphameric
DATA LOCATION	
DD FORM 1384:	Block 1; column 32
PUNCH CARD	cc 1-3
AGENCY RESPONSIBILITY:	System Administrator

B-1. GENERAL

The DIC identifies the format and use of each MILSTAMP documer (TCMD), manifest, tracer, IDC, etc.). The DIC is mandatory on all MILSTAMP documentation, i.e., punch card or ETM.

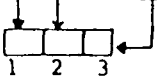
B-2. TCMD AND MANIFEST DICS

DICs for TCMD and manifest documents are used as illustrated figure B-1. These DICs are also sequentially listed and positione as follows:

TCMD/MANIFEST ITEM DOCUMENT IDENTIFIERS
First Position: Always "T"
Second Position: Type of Shipment or Document

- A Manifest Header (See paragraph B-3)
- B Accompanied Baggage
- C Armed Forces Courier Service (ARFCOS)
- D Intraservice use only
- E Ammunition and Explosives and Inert Component Parts
- F Unaccompanied Baggage
- G Mail from Postal Concentration Centers
- H Household Goods
- I RESERVED FOR FUTURE USE
- J Dangerous Articles (Except Ammunition and Explosives)
- K Intransit Data
- L Dunnage and Lashing Gear
- M Tracer Action
- N RESERVED FOR FUTURE USE
- O RESERVED FOR FUTURE USE
- P Privately Owned Vehicles
- Q RESERVED FOR FUTURE USE
- R RESERVED FOR FUTURE USE
- S Shipment Challenge
- T RESERVED FOR FUTURE USE
- U Equipment in Sets or Systems
- V Government Vehicles, Wheeled Trailers or Guns, or Aircr
- W RESERVED FOR FUTURE USE
- X Shipments not otherwise covered above
- Y RESERVED FOR FUTURE USE
- Z RESERVED FOR FUTURE USE

Third Position: Prime and Trailer Card Identification



B-1

Figure 50c page 1

Third Position: Prime and Trailer Card Identification

	ADVANCE TCMD DOCUMENTS	AIR MANIFEST DOCUMENTS	WATER MANIFEST DOCUMENTS	
	↓	↓	↓	
0	-	J		Prime Document for RU Shipment
1	A	J		Prime Document for LRU Shipment
2	B	K		Prime Document (header) for RORO, SEAVAN, MILVAN and Air Pallet (463L)
3	C	L		Prime Document (header) for CONEX, Unitized Pallet Load or other Consolidation Container containing multiple shipment units.
4	D	M		Prime Document for Shipment Units Consolidated in a Container (CONEX, SEAVAN, MILVAN, 463L Pallet, RORO or Unitized Pallet Load
5	E	N		Outsize Dimension Trailer Card
6	F	O		Round Count/Classification Trailer Data for Ammunitions, Explosives and other Dangerous Articles
7	G	P		Lot Number Trailer Card for Ammunition
8	H	Q		Personal Property Ownership Trailer Card
9	I	R		Multi-use Information Trailer Card for Specific Dat as prescribed in appendix F, and miscellaneous information

B-3. MANIFEST HEADER CODES

The DIC for ocean and air manifest header documents are shown below:

Code	Description
TAA	Air manifest header
TAB	Air cargo pallet header
TAJ	Ocean cargo manifest header

B-2

B-4. SHIPMENT TRACING, STATUS, DIVERSION, HOLD AND DISPOSITION CODES

The first two positions of the DIC for tracing status, diversion, hold and disposition documents are always "TM". The third position of the DIC identifies the type of document as follows:

Code	Description
TM1	Request for transportation status
TM2	Shipment diversion authorization
TM3	Shipment hold authorization
TMA/TMJ	Transportation status
TMB	Diversion confirmation
TMC	Shipment Hold Acknowledgment
TMK	Diversion denial
TML	Shipment hold denial
TMS	Disposition instructions
TMT	Disposition Request

B-5. CORRECTIONS TO TCMD DOCUMENTS

To correct TCMD documents, submit new data for each shipment unit using the original DIC according to the following procedures:

a. Punch card format. Use a "12" position overpunch in cc 53 of the prime and trailer cards for each shipment unit.

b. DD Form 1384, TCMD. Annotate "CORRECTED COPY" in the remarks (block 31).

c. ETM format. Add the word "CORRECTION" to the subject, e.g., "MILSTAMP TCMD CORRECTION".

B-6. CANCELLATION OF TCMD DATA

To cancel previously submitted TCMD data, use the original DIC and the following procedures:

a. Punch card format. Use a "0" position overpunch in cc 53 of prime and trailer cards for each shipment unit.

b. DD Form 1384, TCMD. Annotate "CANCELLATION" in the remarks (block 31).

c. ETM format. Add the word "CANCELLATION" to the subject, e.g "MILSTAMP TCMD CANCELLATION".

B-7. INTRANSIT DATA CARD CODES

The first two positions of the DIC for the intransit data card are always "TK". The third position of the DIC identifies its use as follows:

Code	Description
TK(1)	Prepared by initial LOGAIR terminal showing hour/day shipment unit is received and forwarded.
TK(2)	Prepared by intermediate LOGAIR terminal showing hour/day shipment unit is received and forwarded.
TK(3)	Prepared by final LOGAIR terminal showing hour/day shipment unit is received and delivered to the CONUS consignee.
TK(4)	Prepared by shipping activities showing intransit data on GBL shipments within CONUS and QUICKTRANS shipments to domestic consignees and mailed shipments.
TK(5)	Prepared by CDCP showing total intransit data on LOGAIR shipments released to MAC for onward movement.
TK(6)	Prepared by MAC APOD showing hour/day shipment unit is received at an APOD and forwarded to the ultimate consignee.
TK(7)	Prepared by HQ MAC/WTCA showing hour/day each export shipment unit is received/lifted from CONUS by MAC and MSC.
TK(9)	Prepared by CDCP showing total intransit data on LOGAIR shipments delivered to CONUS consignees.

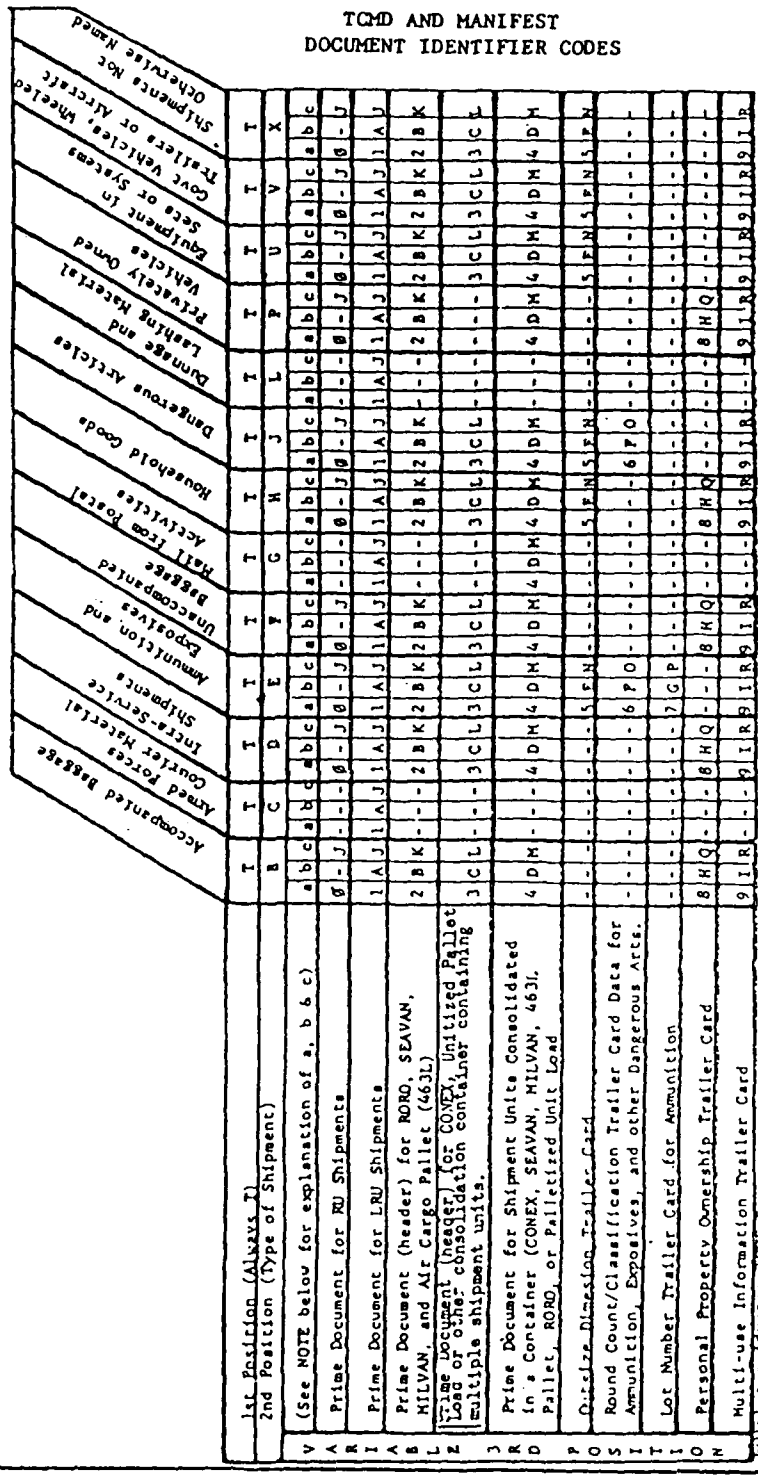

1st Position (Always T)
2nd Position (Type of Shipment)
(See NOTE below for explanation of a, b & c)
Prime Document for RU Shipments
Prime Document for LRU Shipments
Prime Document (header) for RORO, SEAVAN, MILVAN, and Air Cargo Pallet (463L)
Prime Document (header) for CONEX, Unitized Pallet Load or other consolidation container containing multiple shipment units.
Prime Document for Shipment Units Consolidated in a Container (CONEX, SEAVAN, MILVAN, 463L Pallet, RORO, or Palletized Unit Load
Cubicle Dimension Trailer Card
Round Count/Classification Trailer Card Data for Ammunition, Explosives, and other Dangerous Arts.
Lot Number Trailer Card for Ammunition
Personal Property Ownership Trailer Card
Multi-use Information Trailer Card
Accompanied Baggage
Armed Forces Courier Material
Inter-Service Shipments
Ammunition and Explosives
Unaccompanied Baggage
Mail from Postal Activities
Household Goods
Dangerous Articles
Dunnage and Lashing Material
Privately Owned Vehicles
Equipment in Seats or Spaces
Govt Vehicles, Wheeled Trailers or Aircraft
Shipments Not Otherwise Named
NOTE: a - Advance TCMD Document
b - Air Manifest Document
c - Ocean Manifest Document

FIGURE B-1

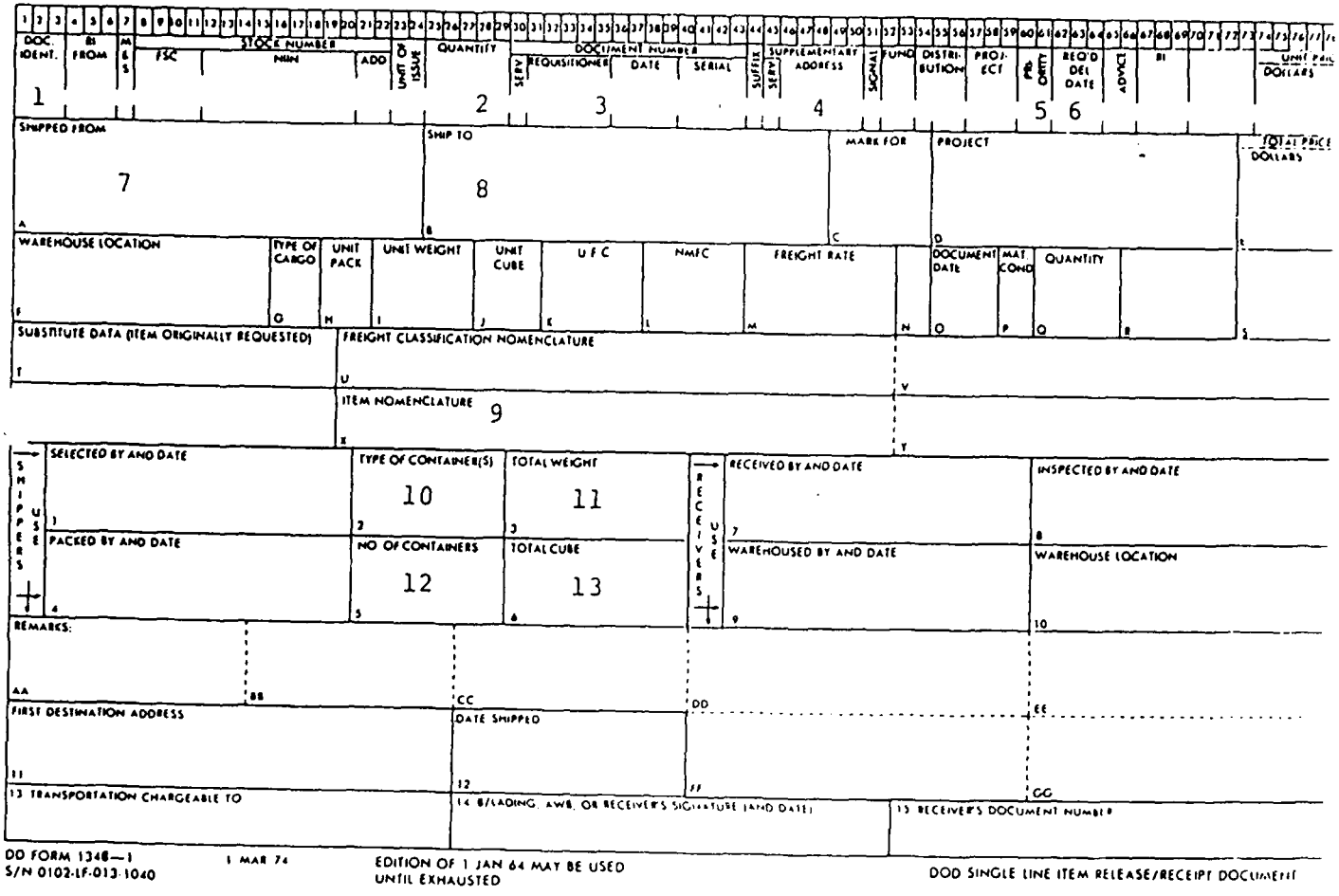
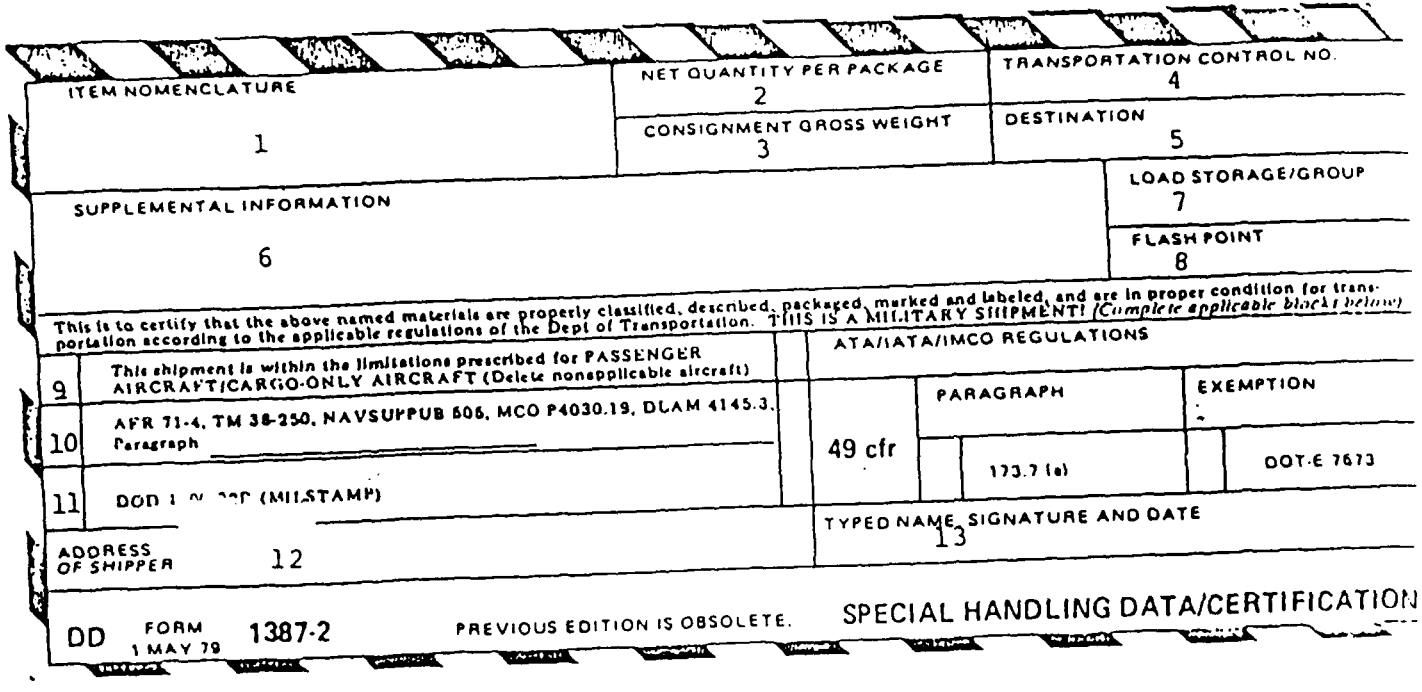

DOC. IDENT.
1
BS FROM
M & S
STOCK NUMBER
FSC
NIIN
ADD
UNIT OF ISSUE
QUANTITY
2
DOCUMENT NUMBER
SERV
REQUISITIONER
DATE
SERIAL
3
SUFFIX
SERV
SUPPLEMENTARY ADDRESS
4
SIGNAL
FUND
DISTRIBUTION
PROJECT
PRIORITY
5
REQ'D DEL DATE
6
ADVICE
BI
UNIT PRICE
DOLLARS
SHIPPED FROM
7
SHIP TO
8
MARK FOR
PROJECT
TOTAL PRICE
DOLLARS
WAREHOUSE LOCATION
TYPE OF CARGO
UNIT PACK
UNIT WEIGHT
UNIT CUBE
U F C
NMFC
FREIGHT RATE
DOCUMENT DATE
MAT. COND.
QUANTITY
SUBSTITUTE DATA (ITEM ORIGINALLY REQUESTED)
FREIGHT CLASSIFICATION NOMENCLATURE
ITEM NOMENCLATURE
9
SHIPPER'S USE
SELECTED BY AND DATE
TYPE OF CONTAINER(S)
10
TOTAL WEIGHT
11
PACKED BY AND DATE
NO. OF CONTAINERS
12
TOTAL CUBE
13
RECEIVER'S USE
RECEIVED BY AND DATE
INSPECTED BY AND DATE
WAREHOUSED BY AND DATE
WAREHOUSE LOCATION
REMARKS:
FIRST DESTINATION ADDRESS
DATE SHIPPED
13 TRANSPORTATION CHARGEABLE TO
14 B/LADING, AWB, OR RECEIVER'S SIGNATURE (AND DATE)
15 RECEIVER'S DOCUMENT NUMBER
DD FORM 1348—1
S/N 0102-LF-013-1040
1 MAR 74
EDITION OF 1 JAN 64 MAY BE USED UNTIL EXHAUSTED
DOD SINGLE LINE ITEM RELEASE/RECEIPT DOCUMENT

Figure 51



ITEM NOMENCLATURE 1	NET QUANTITY PER PACKAGE 2	TRANSPORTATION CONTROL NO. 4
	CONSIGNMENT GROSS WEIGHT 3	DESTINATION 5
SUPPLEMENTAL INFORMATION 6		LOAD STORAGE/GROUP 7
		FLASH POINT 8

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Dept of Transportation. THIS IS A MILITARY SHIPMENT! *(Complete applicable blocks below)*

		ATA/IATA/IMCO REGULATIONS			
9	This shipment is within the limitations prescribed for PASSENGER AIRCRAFT/CARGO-ONLY AIRCRAFT (Delete nonapplicable aircraft)		PARAGRAPH		EXEMPTION
10	AFR 71-4, TM 38-250, NAVSUPPUB 505, MCO P4030.19, DLAM 4145.3. Paragraph	49 cfr	173.7 (e)		DOT-E 7673
11	DOD [illegible] (MILSTAMP)				

ADDRESS OF SHIPPER 12

TYPED NAME, SIGNATURE AND DATE 13

DD FORM 1 MAY 79 1387-2 PREVIOUS EDITION IS OBSOLETE. SPECIAL HANDLING DATA/CERTIFICATION

Figure 52a

ITEM NOMENCLATURE	NET QUANTITY PER PACKAGE	TRANSPORTATION CONTROL NO.
HUMAN BLOOD	N/A	N68470-
	CONSIGNMENT GROSS WEIGHT	DESTINATION

SUPPLEMENTAL INFORMATION
WET ICE: FOR MORE EXPLICIT INFO SEE DD FORM 1502-1.
SIGNATURE AND TALLY RECORD.

LOAD STORAGE/GROUP: N/A
FLASH POINT: N/A

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Dept of Transportation. THIS IS A MILITARY SHIPMENT! (Complete applicable blocks below)

X	This shipment is within the limitations prescribed for PASSENGER AIRCRAFT/CARGO AIRCRAFT ONLY (Delete nonapplicable aircraft)		ATA/IATA/IMCO REGULATIONS		
	AFR 71-4, TM 38-250, NAVSUPPUB 505, MCO P4030.19, DLAM 4145.3, Paragraph		49 cfr	PARAGRAPH	EXEMPTION
X	DOD 4500.32R (MILSTAMP) CHAP 2 SEC B PARA 4			173.7 (a)	DOT-E 7573

ADDRESS OF SHIPPER: 634-2512 US PACOM JBPO,USNH OKI,FPO SEA 98778

TYPED NAME, SIGNATURE AND DATE

DD Form 1387-2, JUN 86 — Previous editions are obsolete. — Form Approved/OMB No. 0704-0188
S/N 0102-LF-001-3877 — SPECIAL HANDLING DATA/CERTIFICATION

Example #1

ITEM NOMENCLATURE	NET QUANTITY PER PACKAGE	TRANSPORTATION CONTROL NO.
CARBON DIOXIDE, SOLID ORM-A UN1845 LABEL-NONE		N68470-
	CONSIGNMENT GROSS WEIGHT	DESTINATION

SUPPLEMENTAL INFORMATION: DRY ICE IS COLD AND WILL DAMAGE HUMAN TISSUE ON CONTACT. STORE IN VENTILATED SPACE.NEVER STORE IN HERMETICALLY OR TIGHTLY SEALED CONTAINERS. TO MINIMIZE CARBON DIOXIDE CONCENTRATION IN AIRCRAFT WHILE ON THE GROUND, OPEN THE CARGO AND ACCESS DOORS FOR MAXIMUM VENTILATION. SIGNATURE AND TALLY RECORD.

LOAD STORAGE/GROUP: 28
FLASH POINT: N/A

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Dept of Transportation. THIS IS A MILITARY SHIPMENT! (Complete applicable blocks below)

X	This shipment is within the limitations prescribed for PASSENGER AIRCRAFT/CARGO AIRCRAFT ONLY (Delete nonapplicable aircraft)		ATA/IATA/IMCO REGULATIONS		
X	AFR 71-4, TM 38-250, NAVSUPPUB 505, MCO P4030.19, DLAM 4145.3, Paragraph 1-5,11-9c (1)		49 cfr	PARAGRAPH	EXEMPTION
X	DOD 4500.32R (MILSTAMP) CHAP 2 SEC B PARA 4			173.7 (a)	DOT-E 7573

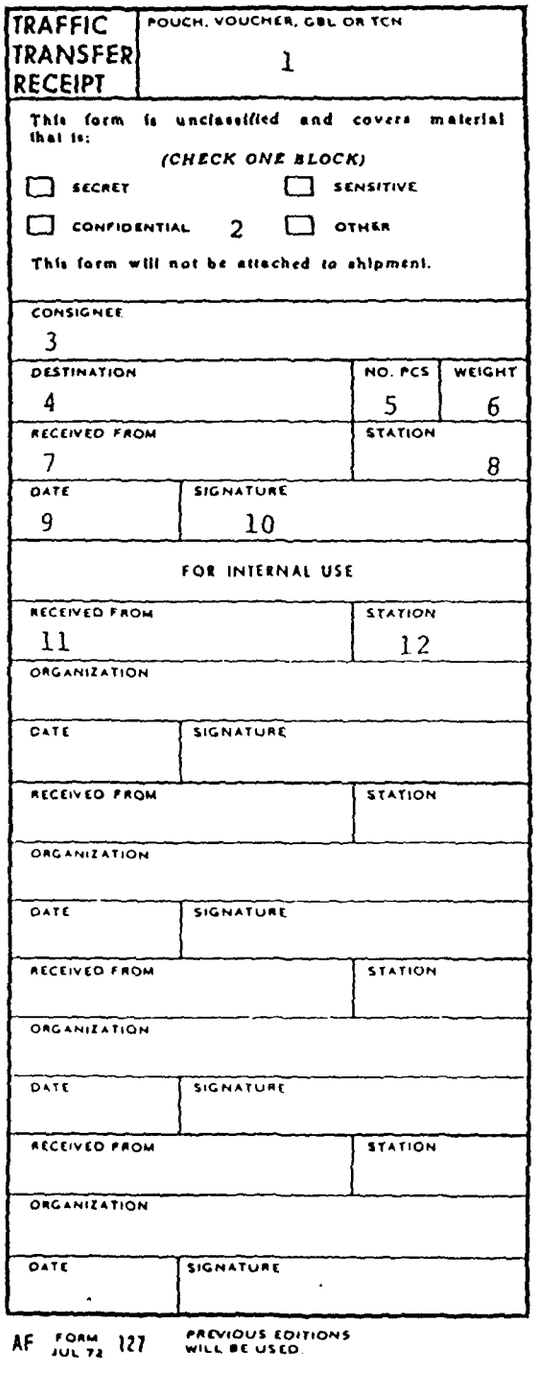
ADDRESS OF SHIPPER: 634-2512 US PACOM JBPO,USNH OKI,FPO SEA 98778

TYPED NAME, SIGNATURE AND DATE: R.W. FINNEGAN HM2

DD Form 1387-2, JUN 86 — Previous editions are obsolete. — Form Approved/OMB No. 0704-0188
S/N 0102-LF-001-3877 — SPECIAL HANDLING DATA/CERTIFICATION

Example #2

Figure 52b



TRAFFIC TRANSFER RECEIPT	POUCH, VOUCHER, GBL OR TCN 1

This form is unclassified and covers material that is:

(CHECK ONE BLOCK)

☐ SECRET ☐ SENSITIVE

☐ CONFIDENTIAL 2 ☐ OTHER

This form will not be attached to shipment.

CONSIGNEE 3		
DESTINATION 4	NO. PCS 5	WEIGHT 6
RECEIVED FROM 7	STATION 8	
DATE 9	SIGNATURE 10	

FOR INTERNAL USE

RECEIVED FROM 11	STATION 12
ORGANIZATION	
DATE	SIGNATURE
RECEIVED FROM	STATION
ORGANIZATION	
DATE	SIGNATURE
RECEIVED FROM	STATION
ORGANIZATION	
DATE	SIGNATURE
RECEIVED FROM	STATION
ORGANIZATION	
DATE	SIGNATURE

AF FORM JUL 72 127 PREVIOUS EDITIONS WILL BE USED.

Figure 53a

TRAFFIC TRANSFER RECEIPT	POUCH, VOUCHER, GBL OR TCN N68470-2130-X030-XXX

This form is unclassified and covers material that is:

(CHECK ONE BLOCK)

☐ SECRET ☐ SENSITIVE

☐ CONFIDENTIAL ☒ OTHER MT

This form will not be attached to shipment.

CONSIGNEE		
FY5981 NAVAL SUPPORT FACILITY MEDICAL		
DESTINATION	NO. PCS	WEIGHT
NKU DIEGO GARCIA	01	040
RECEIVED FROM	STATION	
N68470 USPACOM BPO OKI	DNA	
DATE	SIGNATURE	
10 MAY 82	Scott Terrier HM2/USN	

FOR INTERNAL USE

RECEIVED FROM	STATION
ORGANIZATION	
DATE	SIGNATURE
RECEIVED FROM	STATION
ORGANIZATION	
DATE	SIGNATURE
RECEIVED FROM	STATION
ORGANIZATION	
DATE	SIGNATURE
RECEIVED FROM	STATION
ORGANIZATION	
DATE	SIGNATURE

AF FORM JUL 72 127 PREVIOUS EDITIONS WILL BE USED.

Figure 53b

FROZEN MEDICAL MATERIAL SHIPMENT

PERISHABLE - KEEP FROZEN

VACCINE → TEMPERATURE MUST BE MAINTAINED BELOW 32°F.

REQUIRED DELIVERY DATE (Calendar date)

1 2

THIS PACKAGE PACKED AT ORIGIN:

3	4	5	6
DATE	TIME	POUNDS OF DRY ICE	BY (NAME)

IMPORTANT

To insure delivery of this vaccine in a satisfactory condition, it is necessary that this container be re-iced with DRY ICE on or before time indicated below.
(Greenwich Meridian Time is used for overseas shipments.)

7 POUND(S) DRY ICE WILL SAFEGUARD CONTENTS FOR 8 HOURS WHEN RE-ICING IS DONE. AT FIRST RE-ICING POINT, CROSS OUT PREVIOUS BLOCK (Left column below) AND ENTER NEW DATE AND TIME NEXT RE-ICING IS DUE.

MUST BE DRY RE-ICED NOT LATER THAN	DRY ICE ACTUALLY ADDED			
DATE: HOUR: 9	FIRST DRY RE-ICING →	DATE: HOUR: 10	POUNDS	DRY ICED BY:
DATE: HOUR:	SECOND DRY RE-ICING →	DATE: HOUR:	POUNDS	DRY ICED BY:

INSTRUCTIONS: Break tape on outer container and insert necessary dry ice. IMMEDIATELY re-seal outer container and RECORD this operation on the log above. DO NOT handle this vaccine or permit container to remain open longer than is necessary for DRY re-icing.

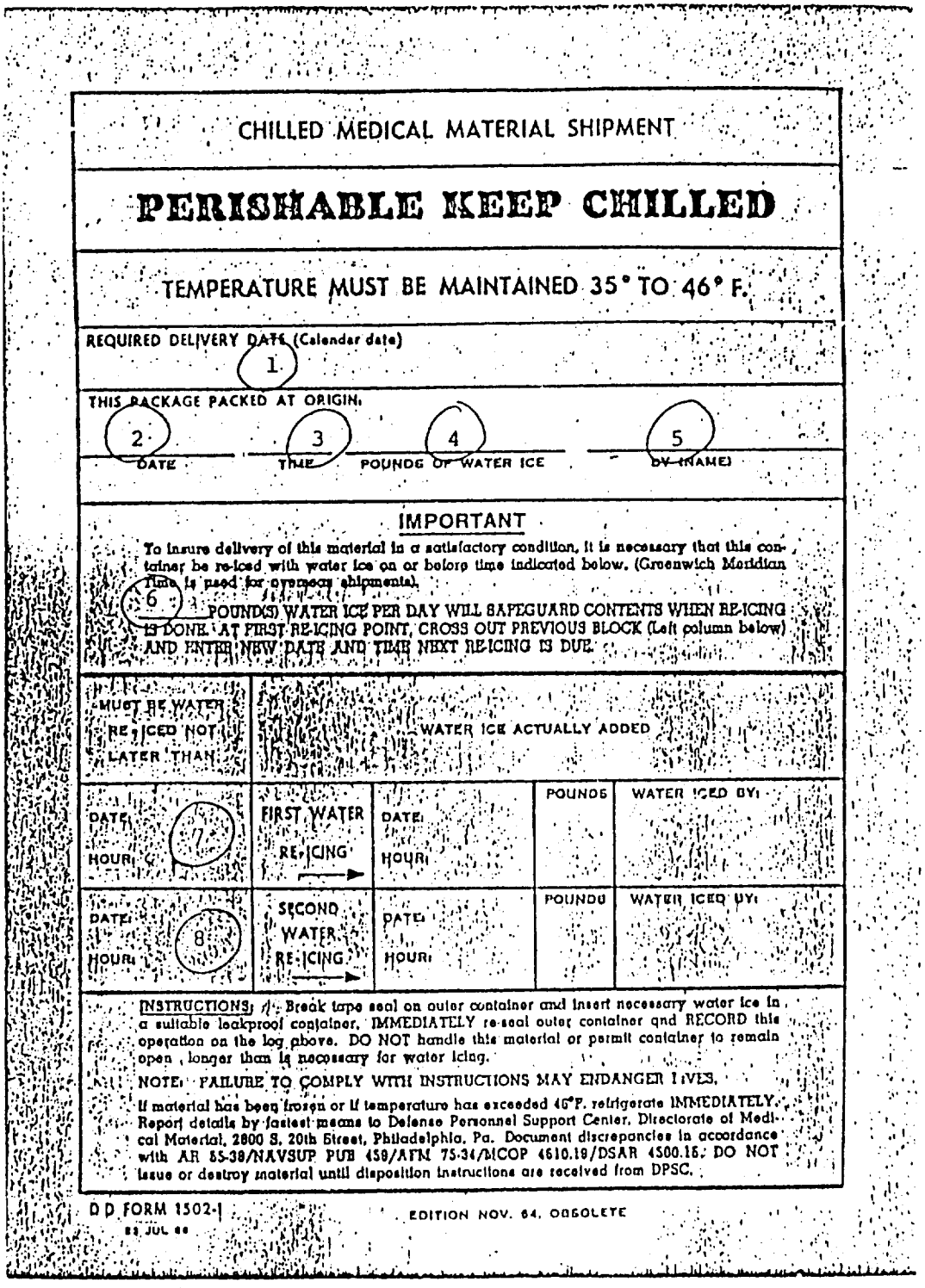
NOTE: FAILURE TO COMPLY WITH INSTRUCTIONS MAY ENDANGER LIVES.

If material has thawed or if shipment arrives without dry ice, refreeze immediately. Report details by fastest means to Defense Personnel Support Center, Directorate of Medical Material, 2800 S. 20th Street, Philadelphia, Pa. Document discrepancies in accordance with AR 55-38/NAVSUP PUB 459/AFM 75-34/MCOP 4610.19/DSAR 4500.15. DO NOT issue or destroy material until disposition instructions are received from DPSC.

DD FORM 1502
23 JUL 68

EDITION NOV. 64, OBSOLETE

Figure 54



CHILLED MEDICAL MATERIAL SHIPMENT

PERISHABLE KEEP CHILLED

TEMPERATURE MUST BE MAINTAINED 35° TO 46° F.

REQUIRED DELIVERY DATE (Calendar date) 1

THIS PACKAGE PACKED AT ORIGIN:

2 DATE — 3 TIME — 4 POUNDS OF WATER ICE — 5 BY (NAME)

IMPORTANT

To insure delivery of this material in a satisfactory condition, it is necessary that this container be re-iced with water ice on or before time indicated below. (Greenwich Meridian Time is used for overseas shipments).

6 POUND(S) WATER ICE PER DAY WILL SAFEGUARD CONTENTS WHEN RE-ICING IS DONE AT FIRST RE-ICING POINT. CROSS OUT PREVIOUS BLOCK (Left column below) AND ENTER NEW DATE AND TIME NEXT RE-ICING IS DUE.

MUST BE WATER RE-ICED NOT LATER THAN	WATER ICE ACTUALLY ADDED			
DATE: HOUR: 7	FIRST WATER RE-ICING →	DATE: HOUR:	POUNDS	WATER ICED BY:
DATE: HOUR: 8	SECOND WATER RE-ICING →	DATE: HOUR:	POUNDS	WATER ICED BY:

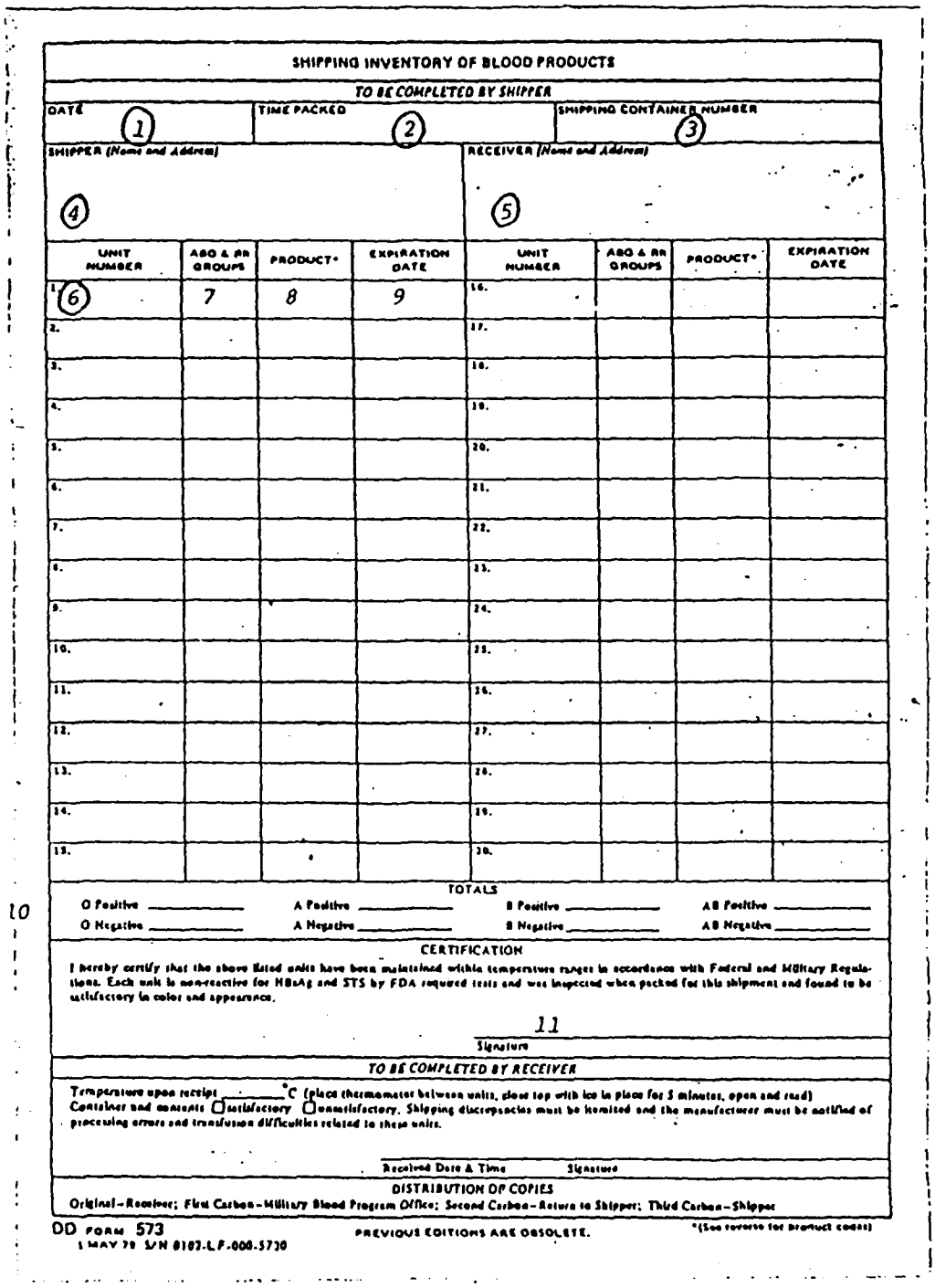
INSTRUCTIONS: 1. Break tape seal on outer container and insert necessary water ice in a suitable leakproof container. IMMEDIATELY re-seal outer container and RECORD this operation on the log above. DO NOT handle this material or permit container to remain open longer than is necessary for water icing.

NOTE: FAILURE TO COMPLY WITH INSTRUCTIONS MAY ENDANGER LIVES.

If material has been frozen or if temperature has exceeded 46°F. refrigerate IMMEDIATELY. Report details by fastest means to Defense Personnel Support Center, Directorate of Medical Material, 2800 S. 20th Street, Philadelphia, Pa. Document discrepancies in accordance with AR 55-38/NAVSUP PUB 459/AFM 75-34/MCOP 4610.19/DSAR 4500.15. DO NOT issue or destroy material until disposition instructions are received from DPSC.

DD FORM 1502-1 EDITION NOV. 64, OBSOLETE

Figure 55



SHIPPING INVENTORY OF BLOOD PRODUCTS

TO BE COMPLETED BY SHIPPER

DATE (1)	TIME PACKED (2)	SHIPPING CONTAINER NUMBER (3)

SHIPPER (Name and Address) (4)	RECEIVER (Name and Address) (5)

	UNIT NUMBER	ABO & RH GROUPS	PRODUCT*	EXPIRATION DATE		UNIT NUMBER	ABO & RH GROUPS	PRODUCT*	EXPIRATION DATE
1.	(6)	7	8	9	16.				
2.					17.				
3.					18.				
4.					19.				
5.					20.				
6.					21.				
7.					22.				
8.					23.				
9.					24.				
10.					25.				
11.					26.				
12.					27.				
13.					28.				
14.					29.				
15.					30.				

TOTALS

O Positive _____	A Positive _____	B Positive _____	AB Positive _____
O Negative _____	A Negative _____	B Negative _____	AB Negative _____

CERTIFICATION

I hereby certify that the above listed units have been maintained within temperature ranges in accordance with Federal and Military Regulations. Each unit is non-reactive for HBsAg and STS by FDA required tests and was inspected when packed for this shipment and found to be satisfactory in color and appearance.

11
Signature

TO BE COMPLETED BY RECEIVER

Temperature upon receipt _____°C (place thermometer between units, place top with ice in place for 5 minutes, open and read)
Container and contents ☐ satisfactory ☐ unsatisfactory. Shipping discrepancies must be itemized and the manufacturer must be notified of processing errors and transfusion difficulties related to these units.

Received Date & Time _____ Signature _____

DISTRIBUTION OF COPIES

Original-Receiver; First Carbon-Military Blood Program Office; Second Carbon-Return to Shipper; Third Carbon-Shipper

DD FORM 573
1 MAY 78 S/N 0107-LF-000-5730

PREVIOUS EDITIONS ARE OBSOLETE.

*(See reverse for product codes)

Figure 56a

APPENDIX B

MAXIMUM CAPACITIES FOR BLOOD PRODUCT SHIPMENTS

1. Pallet: 120 insulated blood containers stacked 4×5×6 high.

2. Insulated blood shipping containers:

a. Nonfrozen red cell products and 14 pounds of cubed and glistening wet water ice.

(1) 20 units of whole blood.
(2) 30 units of packed red blood cells.
(3) 12 units of whole blood plus 12 administration sets.
(4) 20 units of packed red blood cells plus 20 administration sets.

b. Frozen blood products and 20 pounds of coarsely broken dry ice (solid state CO_2).

(1) 24 units of plasma products.
(2) 48 units of cryoprecipitated antihemophilic factor.
(3) 7 units of red blood cells (frozen)

c. Recipient sets only: 56 recipient sets.

Figure 56b

CUSTOMS FREE IMPORT OR EXPORT OF CARGO
OR CUSTOMS DECLARATION OF PERSONAL PROPERTY
(Authority: USFJ Policy Letter # 11-12)

積荷輸出入無税又は
私有物関税申告書
(根拠：在日米軍ポリスイー レター第 11−12)

For (用途) ☐ IMPORT 輸入 (1) ☐ EXPORT 輸出 *(Check applicable box)* (相当欄に印をつけよ)

BY *(Check Applicable Box)* (相当欄に印をつけよ)
☐ United States Armed Forces 米国軍隊
(2) ☐ Authorized Procurement Agency 認可済調達機関
☐ Non-Appropriated Fund Activity 非承認予算機関

FOR USE OF *(Check applicable box)* 使用目的 (相当欄に印をつけよ)
☐ Official Use by the United States Armed Forces 米軍公用
(3)
☐ United States Forces Personnel 米軍要員

Identifying Marks & Numbers 荷印記号及番号	Units 単位	Quantity 数量	Weight 重量	DESCRIPTION* *(If Automobile, Include Chassis & Engine No.)* 明細 (自動車の場合は車台及エンジン番号を含む)	Value* 価格
(4)	(5)	(6)	(7)	(8)	

* *Not Required for U.S. Military Cargo* 米軍軍用貨物は不要

USFJ FORM APR 71 380EJ PREVIOUS EDITIONS MAY BE USED.

Figure 57

CONTINUATION 続き

Identifying Marks & Numbers 識別記号及番号	Units 単位	Quantity 数量	Weight 重量	DESCRIPTION* (If Automobile, Include Chassis & Engine No.) 明細（自動車の場合は車台及びエンジン番号含む）	Value* 価格

* Not Required for U.S. Military Cargo 米軍軍用貨物は不要

CARGO CERTIFICATION 貨物証明

This certifies that the material, supplies and/or equipment identified above, for shipment as marked, are for the exclusive use as indicated.

上記貨物，供給品及び／又は備品は記号通りの積出しで且指示された通りの専用用途の物である事を証明する。

Signature 署名

Title and/or Rank 地位及び／又は階級
Chris E. Barnes,LT, MSC, USNR
Director, Pacific Command Blood

(9)

Agency, Unit or Activity 機関部局
Program Office, USNH Okinawa (10)
~~PPO SEATTLE 98770~~

AUTHENTICATING OFFICER 認証官

Date 月日

USFJ Case Number 通関番号
NONE (11)

Title and/or Rank 地位及び／又は階級
Chris E. Barnes,LT, MSC, USNR
Director, PACOM-BPO (12)

Agency, Unit or Activity 機関部局
U. S. NAVAL HOSPITAL
OKINAWA, ~~FPO SEATTLE 98778~~ (13)

NOTE: Signature, Title and Organization of Authenticating Officer must be on file with Customs House before this Authentication is valid.
注意： 認証官の署名，地位，所属は本証明が有効になる前に税関に提出しておくこと。

PERSONAL PROPERTY CERTIFICATION 私有物証明

1. The undersigned certifies that he is a member of the United States Forces or an employee of a Contractor, as defined in USFJPL 11-12, and that the above listed property is imported by me for the personal use of myself (or my dependents) and that such property will not be disposed of to persons or agencies not accorded the benefits of the Status of Forces Agreement except as authorized by regulations.

2. I further certify that my personal property and personal effects contain no items or commodities prohibited by USFJPL 11-12.

1．下記の者は在日米軍ポリスイーレター 11-12 に定められている米軍の一員であるか或は契約の従業員であり，上記所有物は自己（又は本人の家族）の個人的使用のみに自己により輸入し又該所有物は規定により許可されたものを除き地位協定の条項に一致しない個人或は機関に対しては処分しないものである事を証明する。

2．私は更に私の私有物及び身の廻り品は在日米軍ポリスイーレター 11-12 で禁ぜられている品目又は商品を含んでいない事を証明する。

Signature 署名

Rank and Title (If Applicable) 階級及地位（若しあらば）

Organization (If Applicable) 団体（若しあらば）

FOR USE BY JAPANESE CUSTOMS HOUSE ONLY 日本税関の使用欄

Vessel/Aircraft 船舶／航空機	Nationality 国籍	Port of Landing 上陸地

Origin of Goods 貨物の製造元

Port of Shipment 積出港

Figure 57 (back)

U.S. GOVERNMENT BILL OF LADING

ORIGINAL B/L NO. ▶ T-0107156

TRANSPORTATION COMPANY TENDERED TO ▶ NORTHWEST ORIENT AIRLINES (1)

ROUTE ORDER/RELEASE NO

STOP THIS CAR OR TRUCK AT

FOR

CAR, TRUCK OR CONTAINER INITIALS AND NO | KIND

IMPORTANT

Regulations require Original, Shipping Order, and Freight Waybill Original and Carrier's Copy to be surrendered to carrier after signature. SF 1103-B, Memorandum Copy, must be sent to consignee.

CAR-TRUCK-CONTAINER		MARKED CAPACITY		DATE FURNISHED (2)	DATE B/L ISSUED
ORDERED	FURNISHED	ORDERED	FURNISHED		
Length/cube		Furnish this information in case of carload/truckload shipment		23 NOV 82	23 N

If extra services are ordered see Administrative Directions No. 2 on reverse

Received by the transportation company named above, subject to conditions named on reverse hereof, the property hereinafter described, in apparent good order and condition (contents and value unknown), to be forwarded to destination by the said company and connecting lines, there to be delivered in like good order and condition to said consignee.

FROM (Shipping point) ▶ PACIFIC COMMAND BLOOD PROGRAM OFFICE (3)
USNRMC, OKINAWA, FPO SEATTLE, 98778

FULL NAME OF SHIPPER COMMANDING OFFICER (4)
PACIFIC COMMAND BLOOD PROGRMA OFFICE
USNRMC, OKINAWA, FPO SEATTLE 98778 PH:634-

CONSIGNEE (Name, address and ZIP code)
ARMED SERVICES WHOLE BLOOD PROCESSING LABORARORY
MCGUIRE AIR FORCE BASE
NEW JERSEY, 08641 (5)

MARKS
(6) NOTIFY: ASWBPL;MCGUIRE AFB, NEW JERSEY
CAPT. DUHON, AUTOBON, 440-2442/
OR PHONE: 609-724-1100

DESTINATION (Name, address and ZIP code of installation)
ARMED SERVICES WHOLE BLOOD PROCESSING LABORATORY
MCGUIRE AIR FORCE BASE
NEW JERSEY, 08641 (7)

BILL CHARGES TO (Dept./agency, bureau/office, mailing address and ZIP c
COMMANDING OFFICER
NAVAL MATERIAL TRANSPORTATION OFFICE (8)
ATTN: CODE 024, Bldg Z133-5, NAVAL BASE

VIA (Route shipment when advantageous to the Government)

APPROPRIATION CHARGEABLE
NORFOLK, VA 23511
NMF-7-N168 (9)

SEAL NUMBERS

APPLIED BY

FOR CARRIER'S USE ONLY — WAYBILL NO OR FREIGHT BILL NO

Contractor will return unused or canceled bills of lading to the Government o from which received

PACKAGES NO (10)	PACKAGES KIND (11)	DESCRIPTION OF ARTICLES (Use carrier's classification or tariff description if possible, otherwise use a clear nontechnical description.) (12)	NUMBERS ON PACKAGES (13)	WEIGHTS* (14)	FOR USE OF DESTINATION CARRIER OR CLASS	RATE	CHARGES

If this shipment fully loads the car or truck used, check ☐ YES

TARIFF OR SPECIAL RATE AUTHORITIES (CL, TL or Vol only)

CARRIER FURNISHED SERVICE AT ORIGIN ☐ PICKUP ☐ TRAP-CAR (Initials of shipper's agent)

B/L NO T-0107156

FOR USE OF ISSUING OFFICE — CONTRACT OR PURCHASE ORDER NO OR OTHER AUTHORITY — DATED

F O B POINT NAMED

NAME OF TRANSPORTATION COMPANY ▶ NORTHWEST ORIENT AIRLINES (15)

ISSUING OFFICE (Signature of this) D.A. REICHMAN, LCDR, MSC, USN (16) — DATE (17)

DATE OF RECEIPT OF SHIPMENT

Initial carrier's agent, by signature below, certifies he received the Original Bill of Lading

ISSUING OFFICE (Name and complete address)
PACIFIC COMMAND BLOOD PROGRAM OFFICE (18)
USNRMC, OKINAWA, FPO SEATTLE 98778 PH:634-2

SIGNATURE OF AGENT — PER

CERTIFICATE OF CARRIER BILLING FOR CHARGES — Consignee must not pay any charges on this shipment

(Date) AT (Actual delivery point) THE (Name of delivering carrier)

DELIVERED THIS CONSIGNMENT COMPLETE AND IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER ▶ ☐ SHORTAGE ☐ DAMAGE ☐ CARRIER OS&D REPORT ATTACHED

SERVICE FURNISHED BY CARRIER AT DESTINATION ☐ DELIVERY ☐ TRAP-CAR

NAME OF DESTINATION CARRIER (Last line-haul carrier authorized to bill charges)

Figure 58

TS-113A
Rev 9-77

SHIPPER'S CERTIFICATION FOR RESTRICTED ARTICLES
(excluding radioactive materials)

Two completed and signed copies of this certification shall be handed to the carrier. (Use block letters)

WARNING: Failure to comply in all respects with the applicable regulations of the Department of Transportation, 49 CFR, CAB 82 and, for international shipments, the IATA Restricted Articles Regulations may be a breach of the applicable law, subject to legal penalties. This certification shall in no circumstance be signed by an IATA cargo agent or a consolidator for international shipments.

This shipment is within the limitations prescribed for: (mark one)

☐ passenger aircraft (1) ☐ cargo-only aircraft

Number of Packages	Article Number (Int'l only see section IV IATARAR)	Proper Shipping Name of Articles as shown in title 49 CFR, CAB 82 Tariff 6D, and (for int'l. shipments) the IATA Restricted Articles Regulations. Specify each article separately. Technical name must follow in parenthesis, the proper shipping name for N.O.S. items. Abbreviations not permitted	Class	IATA Packing Note No. Applied (int'l only)	Net Quantity Per Package	Flash Point (closed cup) For Flammable Liquids	
						°C	°F
(2)	(3)	(4)		(5) (7)	(6)		

Special Handling Information:

I hereby certify that the contents of this consignment are fully and accurately decribed above by Proper Shipping Name and are classified, packed, marked, labelled and in proper condition for carriage by air according to applicable national governmental regulations, and for International Shipments the current IATA Restricted Articles Regulations.

Name and full address of Shipper	Name and title of person signing Certification
(8)	(12)
(9)	
(10)	
Date (11)	Signature of the Shipper (see WARNING above)

Air Waybill No.	Airport of Departure	Airport of Destination
Original - to Accompany Shipment Duplicate - Origin Carrier/Station copy		

Figure 59

SAFE OR CABINET SECURITY RECORD (AR 380-5)	MONTHS AND YEAR
SAFE OR CABINET IDENTIFICATION # ______	SECURITY AREA
LOCATION BLDG _____ ROOM_______	DOUBLE CHECK AREA NUMBER

—AS INDICATED BY MY INITIALS BELOW, I HAVE UNLOCKED, LOCKED OR CHECKED THE ABOVE IDENTIFIED CONTAINER ON DATE AND TIME NOTED. IN LOCKING OR CHECKING THIS CONTAINER, I HAVE ASCERTAINED THAT ALL DRAWERS *(or doors)* HAVE BEEN CLOSED, AND, WHEN APPLICABLE, THAT THE LOCKING BUTTON IS IN LOCKED POSITION, AND THAT I HAVE ROTATED THE DIAL AT LEAST FOUR TIMES IN THE SAME DIRECTION.

DATE	UNLOCKED BY		LOCKED BY		CHECKED BY		DATE	UNLOCKED BY		LOCKED BY		CHECKED BY	
	TIME	INITIALS	TIME	INITIALS	TIME	INITIALS		TIME	INITIALS	TIME	INITIALS	TIME	INITIALS
1							1						
2							2						
3							3						
4							4						
5							5						
6							6						
7							7						
8							8						
9							9						
10							10						
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14							14						
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24							24						
25							25						
26							26						
27							27						
28							28						
29							29						
30							30						
31							31						

DA FORM 1 NOV 62 672 — REPLACES DA FORM 672, 1 DEC 61, EXISTING SUPPLIES OF WHICH WILL BE ISSUED AND USED UNTIL 1 DEC 62, UNLESS SOONER EXHAUSTED.

Figure 60

ROOM ____ BLDG ____ OFFICE SECURITY AND FIRE INSPECTION CHECK SHEET

MONTH	SAFES LOCKED AND CHECKED	BURN BAGS SECURED	*ALL ELECTRICAL APPLIANCES DISCONNECT	WINDOWS LOCKED OR SCREENED	DESKS AND BASKETS CLEARED	TYPEWRITER RIBBONS REMOVED/ EXCEPT TECH III	WASTE BASKETS/ ASH TRAYS EMPTIED	AREA CHECKED FOR CLASSIFIED MATERIAL	INITIALS/TIME CHECK COMPLETED
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
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30									
31									

*XEROX MACHINES, TIME STAMPS, REFRIGERATORS, WALL CLOCKS, MICROFILM EQUIPMENT AND INTERCOMS MAY BE CONNECTED BUT XEROX MACHINES, MICROFILM EQUIPMENT, AND INTERCOMS MUST BE TURNED OFF. CHARGING UNITS FOR PRIVATE PAGES, TWO-WAY RADIOS, AND EMERGENCY LIGHTS MUST BE LEFT CONNECTED.

FD [illegible] (A-74) KEEP ON FILE MONTHS

Figure 61

APPENDIX B - REFERENCES

REFERENCES

(a) Grile, G. W. Hemorrhage and Transfusion. New York: D. Appleton, 1909, 560 pp.

(b) Kendrick, D. B. Blood Program in World War II. Washington: Office of the Surgeon General, Department of the Army, 1964, 922 pp.

(c) Neel, S. Vietnam Studies Medical Support of the U.S. Army in Viet Nam 1965-1970. Department of the Army, U.S. Government Printing Office, Washington, D.C. 1973, 196 pp.

(d) AABB Technical Manual, American Association of Blood Banks, Washington, D. C., Current Edition.

(e) Code of Federal Regulations, Section 606, 640, Food and Drug Administration, Rockville, MD Current Regulations.

(f) PACOM BPO Technical Standard Operating Procedures (SOP).

(g) NAVREGMEDCEN OKINAWA INSTRUCTION 2303.1A 360 3 Sep 1981 Subj: Communications Procedures; establishment of.

(h) NAVMILPERSCOM INSTRUCTION 1611.1 NMPC-323/Pers-373 12 May 1981.

(i) NAVREGMEDCEN OKINAWA INSTRUCTION 1611.1A 100 4 May 1982 Subj: Processing of Fitness Reports.

(j) BUPERSMAN 3410150.

(k) NAVMILPERSCOM INSTRUCTION 1616.1 NMPC-322 10 Aug 1979.

(l) NAVREGMEDCEN OKINAWA INSTRUCTION 1050.1B.

(m) NAVREGMEDCEN NOTE Subj: Requirements for Advancement and Training for enlisted personnel.

(n) NAVREGMEDCEN OKINAWA INSTRUCTION 3442.1C 360 25 Aug 1981 Subj: Destructive Weather (Typhoon) Bill; establishment of.

(o) NAVREGMEDCEN OKINAWA INSTRUCTION 5040.1A 360 15 Dec 1980 Subj: Commanding Officer's Zone Inspection.

(p) CINCPAC INSTRUCTION 6530.2E 76 17 Aug 1982
Subj: Pacific Command (PACOM) Blood Program.

(q) Air Terminal Identifier Codes from DOD 4500.32 - R Vol I Section XIV.

(r) NAAVMED P - 5123 Operational Procedures for Military Blood Donor Centers, Armed Services Whole Blood Proccessing Laboratories, and Blood Transhipment Centers, August 1982.

(s) PACOM BPO Watchstanders Guide.

(t) NAVREGMEDCEN OKINAWAINST 3445.1B Subj: Disaster Preparedness Plan.

(u) Definitions and Terms used in shipping in the Military Transportation System; contained in DOD 4500.32 - R Vol I.