R-002: CONSIGNEE NOTIFICATION
INFECTIOUS DISEASE TESTING

Consignee: __________________________ Date: ________________

Notified: __________________________ Via phone on __________________________ by __________________________

(Name) (Date/Time) (Employee)

Notification Method:
O Phone/Fax O Fax O Mail O Email O Other: __________________________

THIS PRODUCT WAS FOUND NON-REACTIVE/NEGATIVE BY ALL RECOMMENDED VIRAL MARKER TESTS. However, on a subsequent donation, the donor tested repeatedly reactive/positive for the test(s) indicated below:

- HBsAg
- Anti-HIV-1/2
- Anti-HCV
- Anti-HTLV-I/II
- NAT WNV
- NAT HBV
- NAT HIV
- NAT HCV
- Chagas
- O Anti-HBc
- No confirmation test is performed for HBc. Date of last negative HBc: __________

No recipient tracing or physician notification is required at this time. You will be further notified of confirmatory results, where applicable, and/or in the event additional action is needed.

Please take this action if product is available

O DISCARD O RETURN (with Quarantine Tag) O QUARANTINE O N/A

Unit # Product Code Expiration Date Blood Type

Confirmatory or Supplemental testing:

- HBsAg Neutralization
- HCV 2nd Manufacturer
- HIV-1 Western Blot or IFA
- Anti-HIV-2 (EIA)
- Other

☐ Negative ☐ Positive ☐ Indeterminate

Please document disposition (transfused, discarded, returned, other):

Disposition: __________________________ Date of Disposition: ________________

Disposition Completed By: __________________________ Date: ________________

Please return this completed form via email to 3-ConsineeNotification@mvrbc.org

MVRBC USE

Quarantined product to be: O RELEASED O DISCARDED O RETURNED TO MVRBC

Notified: __________________________ Via phone on __________________________ by __________________________

(Name) (Date/Time) (Employee)

ATTENTION MVRBC FINANCE: ☐ Issue credit to the above consignee for this product.