

Consignee: _____ Date: _____

Notified: _____ Via phone on _____ by _____
(Name) (Date/Time) (Employee)

Notification Method:
 Phone/Fax Fax Mail Email 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 Zika Virus
 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

DISCARD RETURN (with Quarantine Tag) QUARANTINE N/A

Unit # Product Code Expiration Date Blood Type

Confirmatory or Supplemental testing:

HBsAg Neutralization	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	
HCV 2 nd Manufacturer	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Indeterminate
HIV-1 Western Blot or IFA	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Indeterminate
Anti-HIV-2 (EIA)	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Indeterminate
Other _____	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> 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-ConsigneeNotification@mvrbc.org

MVRBC USE

Quarantined product to be: RELEASED DISCARDED RETURNED TO MVRBC

Notified: _____ Via phone on _____ by _____
(Name) (Date/Time) (Employee)

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