



R-004: CONSIGNEE NOTIFICATION PRODUCT DOCUMENTATION

Consignee: _____ Date: _____

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

Notification Method:
 Phone/Fax Fax Mail Email Other: _____

Reason for DISCARD/QUARANTINE/RETURN of product:

<input type="radio"/> Post-Donation Information: _____ <input type="radio"/> TRALI: Donor is implicated in suspected TRALI <input type="radio"/> TTD: Donor is implicated in suspected transfusion-transmitted: _____ <input type="radio"/> Apheresis product: bacterial detection positive after distribution and continued incubation (negative at time of distribution): Gram stain results: _____ Results called to: _____ By: _____ On (date/time): _____ Subsequent culture results to follow, when available. Refer to attached information sheet for additional information. <input type="radio"/> Other product associated with this unit has been implicated in a bacterially positive pool by a culture-based immunoassay for bacteria. Subsequent results will be reported. <input type="radio"/> Other: _____

Please take this action if product is available

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

<u>Unit #</u>	<u>Product Code</u>	<u>Expiration Date</u>	<u>Blood Type</u>
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*NOTE: Please attach a Quarantine tag to unit prior to *return* to MVRBC.

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.