



R-004: CONSIGNEE NOTIFICATION
PRODUCT DOCUMENTATION

Consignee: _____ Date: _____

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

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

Reason for DISCARD/QUARANTINE/RETURN of product:

Form with radio buttons and text boxes for reasons: Post-Donation Information, TRALI, TTD, Apheresis product, Gram stain results, and Other.

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

*NOTE: Please attach a Quarantine tag to unit prior to return to ImpactLife.

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@impactlife.org