ImpactLife

R-002: CONSIGNEE NOTIFICATION INFECTIOUS DISEASE TESTING

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Consignee:	Date:				
Notified:	Via phone on		by		
(Name)		(Dat	e/Time)	(Employee)	
Notification Method:					
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-HC	CV	Anti-HTLV-I/II	Chagas	
□ NAT HBV □ NAT HIV	NAT HIV NAT HCV NAT WNV				
Anti-HBc No confirmatory 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					
<u>Unit #</u> P	roduct Code	<u>Ex</u> ı	biration Date	Blood Type	
Confirmatory or Supplemental testing:					
HBsAg Neutralization		□ Positive			
HCV 2 nd Manufacturer	0	□ Positive	□ Indeterminate		
HIV 1/2 ICA	□ Negative □	Desitive	Indeterminate		
Other	□ Negative □	Desitive	□ Indeterminate		
Please document disposition (transfused, discarded, returned, other):					
Disposition:		Date o	f Disposition:		
Disposition Completed By:			Date:		
Please return this completed form via email to <u>3-ConsigneeNotification@impactlife.org</u>					