

## R-004: CONSIGNEE NOTIFICATION PRODUCT DOCUMENTATION

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Consignee:		Date:		
Notified:	Via phone on	by		
(Name)	-	(Date/Tim	e)	(Employee)
Notification Method: O Phone/Fax O Fax O Mail O Email O Other:  Reason for DISCARD/QUARANTINE/RETURN of product:				
O Post-Donation Information: _				
TRALI: Donor is implicated in suspected TRALI TTD: Donor is implicated in suspected transfusion-transmitted:  Apheresis product: bacterial detection positive after distribution and continued incubation (negative at time of distribution):  Gram stain results:  By:  On (date/time):  Subsequent culture results to follow, when available. Refer to attached information sheet for additional information.  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.  O Other:				
Please take this action if product is available O DISCARD O RETURN (with Quarantine Tag)* O QUARANTINE O N/A				
<u>Unit #</u>	Product Code	Exp	iration 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: Date of Disposition: Disposition Completed By: Date:				
Please return this completed form via email to <u>3-ConsigneeNotification@impactlife.org</u>				