

Product Withdrawal Due to Subsequent Positive Test: FPD.QS.5200C

Section I: To be completed by The Blood Connection

Consignee Name:		Initiation Date:	Report		
Verbal Notification To:		By Tech:	Date/Time:		
Preliminary Report Via:		By Tech:	Date:		
Final Report Via:		By Tech:	Date:		
<input type="checkbox"/> Subsequent Donation Repeat Reactive/ Positive: The product you received was NON-REACTIVE/NEGATIVE for all recommended viral marker tests. However, a subsequent donation from the donor has tested repeatedly reactive/positive for the test(s) indicated below. Supplemental/Confirmatory tests, if applicable, are pending and will be provided at a later date. Date of Positive Test: _____ Date of Last Negative Test: _____ •					
<input type="checkbox"/> Confirmatory / Supplemental Results: •					
DONATION IDENTIFICATION					
Unit #:	Collection Date:	Ship Date:			
Product Code and Description:					
PRODUCT DISPOSITION					
<input type="checkbox"/> Transfused on Transfusion Reaction Noted? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Returned to TBC on	<input type="checkbox"/> Expired or Destroyed	<input type="checkbox"/> Retained by Consignee	<input type="checkbox"/> Other:

Section II: To be completed by Consignee.

Assure the Product Disposition in Section I is correct. Complete all items in Section II, and return completed form to TBC Quality Systems via email address or fax listed at the bottom of the page. (Note: *Return of FINAL Report is mandatory. Return of Preliminary Report is optional.*)

REQUESTED ACTION			
If product is available, please take the following action:			
CONSIGNEE VERIFICATION OF PRODUCT DISPOSITION AND ACKNOWLEDGEMENT OF NOTICE			
Printed Name:	Signature:	Position Title:	Date:

Questions? Contact the Quality Systems Department at 864-751-1226 or 1-800-392-6551, Ext.1226 or Ext. 3104.

Please return completed form via email QSnotifications@thebloodconnection.org or fax 864-527-4498.