Product Recall/Withdrawal Form – Selective: FPD.QS.5200D

Section I: To be completed by The Blood Connection

☐ Recall  ☐ Withdrawal

Consignee Name: ___________________________  Initiation Date: ___________________________

Verbal Notification To: ___________________________  By Tech: ___________________________  Date/Time: ___________________________

Preliminary Report Via: ___________________________  By Tech: ___________________________  Date: ___________________________

Final Report Via: ___________________________  By Tech: ___________________________  Date: ___________________________

☐ POSITIVE BACTERIAL TESTING OF AN APHERESIS PRODUCT  ☐ NOT APPLICABLE

Initial Result: ___________________________

Final Result: ___________________________

Gram Stain: ___________________________

Growth Upon Subculture: ___________________________  Organism ID: ___________________________

Comments: ___________________________

☐ DONOR IS IMPLICATED IN A SUSPECTED TRANSFUSION-RELATED EVENT  ☐ NOT APPLICABLE

Event Type: ___________________________

Case #: ___________________________  Primary Contact: ___________________________  Phone: ___________________________

Comments: ___________________________

☐ POST-DONATION INFORMATION  ☐ OTHER  ☐ NOT APPLICABLE

Comments: ___________________________

DONATION IDENTIFICATION

Unit #: ___________________________

Collection Date: ___________________________

Ship Date: ___________________________

Product Code and Description: ___________________________

PRODUCT DISPOSITION

☐ Transfused on ___________________________

Transfusion Reaction Noted? ☐ Yes ☐ No

☐ Returned to TBC on ___________________________

☐ Expired or Destroyed ___________________________

☐ Retained by Consignee ___________________________

☐ 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.