

Recall/Withdrawal Cover Letter: 5200PDFd08

Complete this cover letter when the Record of Product Recall/ Withdrawal Form (5200PDFc) is ready to be sent to the receiving facility.

To: _____ **Date:** _____
Receiving Facility *mm/dd/yy*

The Blood Connection distributed a product _____ that has been discovered to not be in
Product type
conformance with the requirements of the Food and Drug Administration regulations and/or Standard
Operating Procedures of The Blood Connection. Please acknowledge and verify the information recorded
on the attached form (5200PDFc) for Donation No: _____. Document your
acknowledgement and verification below. Return this cover letter with your acknowledgement and
verification to:

The Blood Connection, Inc
1099 Bracken Road
Piedmont, SC 29673
Attn: Quality Assurance
Fax number: (864) 527-4498

Or

Scan to e-mail: QSnotifications@thebloodconnection.org

If you have any questions, please contact:
The Quality Assurance Department at (864) 255-5000

Acknowledgement and verification of information:

Facility: _____
(Document Facility Name)
Name and Position: _____
(Print name and position title)
Signature: _____ Date _____
(Document signature) *(mm/dd/yy)*

For The Blood Connection QA Use Only:

Notification sent via e-mail / mail / fax / electronic submission by: _____ Date: _____
Employee code *(mm/dd/yy)*
Returned to TBC Date: _____
(mm/dd/yy)
Reviewed by: _____ Date: _____
Medical Director *(mm/dd/yy)*