

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

**Section I: To be completed by The Blood Connection**

Recall  Withdrawal

Consignee Name:		Initiation Date:	<b>Report</b>		
Verbal Notification To:		By Tech:	Date/Time:		
Preliminary Report Via:		By Tech:	Date:		
Final Report Via:		By Tech:	Date:		
<input type="checkbox"/> POSITIVE BACTERIAL TESTING OF AN APHERESIS PRODUCT		<input type="checkbox"/> NOT APPLICABLE			
Initial Result:					
Final Result:					
Gram Stain:					
Growth Upon Subculture:		Organism ID:			
Comments:					
<input type="checkbox"/> DONOR IS IMPLICATED IN A SUSPECTED TRANSFUSION-RELATED EVENT		<input type="checkbox"/> NOT APPLICABLE			
Event Type:					
Case #:	_____	Primary Contact:	_____	Phone: _____	
Comments:					
<input type="checkbox"/> POST-DONATION INFORMATION		<input type="checkbox"/> OTHER		<input type="checkbox"/> NOT APPLICABLE	
Comments:					
<b>DONATION IDENTIFICATION</b>					
Unit #:	_____	Collection Date:	_____	Ship Date: _____	
Product Code and Description:					
<b>PRODUCT DISPOSITION</b>					
<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.)

<b>REQUESTED ACTION</b>			
<b>If product is available, please take the following action:</b>			
<b>CONSIGNEE VERIFICATION OF PRODUCT DISPOSITION AND ACKNOWLEDGEMENT OF NOTICE</b>			
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](mailto:QSnotifications@thebloodconnection.org) or fax **864-527-4498**.