

Blood Transport Incident Form

Parent document: SOP-00069, WI-00093 & WI-00323

Instructions	<ul style="list-style-type: none"> Complete this form for any incidents involving the transportation of blood products. *Evidence of electronic approval may be attached as a substitute for signatures on the form. Data loggers to be returned for investigation are to be clearly tagged "for investigation". 						
Section A – Receiver to complete							
Part 1. Receiver details							
AHP/Depot name				Reported by			
Part 2. Consignment & shipper details							
Note: Data loggers are set at the standard time zone or their origin Processing Centre and do NOT adjust for daylight savings time or for transport between states with different time zones. ^Please consider the potential impact of a different time zone between the data logger and consignment unpacking time.							
NBMS issue note number				Data logger serial number			
Consignment received at	Date	Time	No. of units compromised				
Consignment unpacked at^	Date:	Time	Consignment Quarantined		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Donation numbers affected							
Was the shipper packed correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No ▶ Describe packing error or damage:						
Part 3. Blood component/product details							
Product type	<input type="checkbox"/> Red Cells	<input type="checkbox"/> Platelets	<input type="checkbox"/> Clinical Plasma		<input type="checkbox"/> Manufactured Prod.		
Problem	Haemolysed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Swirling? <input type="checkbox"/> Yes <input type="checkbox"/> No Clumping? <input type="checkbox"/> Yes <input type="checkbox"/> No	Signs of thawing? <input type="checkbox"/> Yes <input type="checkbox"/> No Breakage? <input type="checkbox"/> Yes <input type="checkbox"/> No		Damaged carton? <input type="checkbox"/> Yes <input type="checkbox"/> No Breakage? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Information recorded in Section A is correct	<input type="checkbox"/> Yes	*Health provider staff member		Sign and Date			
Disclaimer: The Health Provider staff member takes responsibility for the accuracy of the information provided to Lifeblood, in order for Lifeblood to determine the appropriate fate of the component. Forms completed on the Health Providers behalf will be sent to the Health Provider for review. Lifeblood will consider the information provided to be correct and accurate unless notified otherwise by the Health Provider within two working days.							
Please return this form to your local Lifeblood depot. Click on the email hyperlink below to submit the completed form via email.							
Depot	NSW / ACT	NT	QLD	SA	VIC	TAS	WA
Email	Despatch@redcrossblood.org.au	CustomerserviceNT@redcrossblood.org.au	CustomerserviceQLD@redcrossblood.org.au	CustomerserviceSA@redcrossblood.org.au	CustomerserviceVIC@redcrossblood.org.au	bloodnetaustralia@redcrossblood.org.au	customerservicewa@redcrossblood.org.au
Phone	1300 478 348	(08) 8928 5116	(07) 3838 9010	1300 136 013	(03) 9694 0200	(03) 6215 4122	(08) 9421 2374 (08) 9421 2800
Fax	(02) 9234 2050	(08) 8927 5461	(07) 3838 9400	(08) 8225 8199	(03) 9694 0245	(03) 6215 4197	(08) 9221 1215

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Section B - Lifeblood to complete only					
Incident reported by	<input type="checkbox"/> Lifeblood staff	Deviation no. (if raised)		NCM no. (if raised)	
	<input type="checkbox"/> AHP	CFS no.		Date and Time	
Part 4. Shipper details					
Packing configuration used	<input type="checkbox"/> P1 <input type="checkbox"/> R1 <input type="checkbox"/> R3 <input type="checkbox"/> F2 <input type="checkbox"/> P2 <input type="checkbox"/> R2 <input type="checkbox"/> R4 Other:				
Part 5. Temperature excursion details (if applicable)					
Acceptable temp. range for consignment	<input type="checkbox"/> 2°C to 8°C <input type="checkbox"/> 2°C to 10°C <input type="checkbox"/> 20°C to 24°C <input type="checkbox"/> Other _____				
Minimum temp. reached	°C	Time out of specification	(hh:mm)		
Maximum temp. reached	°C	Order type	<input type="checkbox"/> Patient <input type="checkbox"/> Stock		
Part 6. Consignment outcome					
Component/product fate determined by CS/OF	As directed in SOP-00182 <input type="checkbox"/> Release <input type="checkbox"/> Discard		*Outcome provided by	Initial and date	
Component/product fate determined by Quality and TMS	<input type="checkbox"/> Release <input type="checkbox"/> Discard		*All evidence of component fate decision attached to appropriate IQ record	<input type="checkbox"/> Yes <input type="checkbox"/> No	
AHP notified by		Date & Time			
Part 7 – List of components/products compromised					
Record the donation/batch numbers that are required to be electronically returned into NBMS.					
Product	DIN/Batch No.		Product	DIN/Batch No.	
NBMS returns entered by			Date		