

Blood Transport Incident Form

Parent document: SOP-00069

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".
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Section A – Receiver to complete

Part 1. Receiver details

AHP/Depot name	Reported by
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Part 2. Consignment & shipper details

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

Please return this form to your local Lifeblood depot.
Click on email hyperlink below to create an email.

Depot	NSW / ACT	NT	QLD	SA	VIC / TAS	WA
Email	Despatch@redcrossblood.org.au	NTCustomerServiceDelivery@redcrossblood.org.au	QLDCustomerService@redcrossblood.org.au	SACustomerServiceDelivery@redcrossblood.org.au	CustomerserviceVIC@redcrossblood.org.au	customerservicewa@redcrossblood.org.au
Phone	1300 478 348	(08) 8928 5116	(07) 3838 9010	08 8223 6090	(03) 9694 0200	(08) 9421 2374 (08) 9421 2800
Fax	(02) 9234 2050	(08) 8927 5461	(07) 3838 9400	08 8422 1302	(03) 9694 0245	(08) 9221 1215

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Section B - Lifeblood to complete only					
Incident reported by	<input type="checkbox"/> Lifeblood staff	Deviation no.		Date	
	<input type="checkbox"/> AHP	CFS no.		Time	
Part 4. Shipper details					
Packing configuration used	<input type="checkbox"/> P1 <input type="checkbox"/> P2	<input type="checkbox"/> R1 <input type="checkbox"/> R2	<input type="checkbox"/> R3 <input type="checkbox"/> R4	<input type="checkbox"/> F2 Other:	
Part 5. Temperature excursion details (if applicable)					
Acceptable temp. range for consignment	<input type="checkbox"/> 2-8°C <input type="checkbox"/> 2-10°C <input type="checkbox"/> 20-24°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	<input type="checkbox"/> Release <input type="checkbox"/> Discard		Outcome provided by	(TMS / CSD / QD)	
AHP notified by			Date & Time		
Part 7 – List of components/products compromised					
<i>Record the donation/batch numbers that are required to be electronically returned into NBMS.</i>					
Product	DIN/Batch No.		Product	DIN/Batch No.	
NBMS returns entered by				Date	