

Component Investigation Request Form

Parent document: SOP-01034

The referring Approved Health Providers (AHP) / Laboratory is to complete this form.

Referring laboratory details			
AHP / laboratory		Contact	
Address			
Date sent		Phone	
Email		Fax	
Blood component details			
Donation number		Component type	
Expiry date		Other (specify)	
Has this blood component been associated with a transfusion reaction?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Since receipt at your establishment, has this blood component been stored correctly? <u>Storage Guidelines:</u> Refrigerated and thawed frozen components must be stored at 2°C to 8°C. Room temperature components must be stored at 20°C to 24°C. If component has not been stored within specification Lifeblood reserves the right to discard			<input type="checkbox"/> Yes <input type="checkbox"/> No. Record details below
If No, how has the component been stored?			
Component to be investigated:	Tick	Observations:	Tick
Red cell	<input type="checkbox"/>	Particulate matter	Clots <input type="checkbox"/>
Platelet	<input type="checkbox"/>		Fibrin strands <input type="checkbox"/>
Fresh frozen products	<input type="checkbox"/>		Aggregates \ clumping <input type="checkbox"/>
Reason for investigation referral:			Cold agglutinins <input type="checkbox"/>
			White particulate matter <input type="checkbox"/>
		Appearance	Discolouration <input type="checkbox"/>
			Lipaemic <input type="checkbox"/>
			Haemolysis <input type="checkbox"/>
			Bubbles <input type="checkbox"/>
	Platelets only	No swirl phenomenon <input type="checkbox"/>	
	Other (specify):	<input type="checkbox"/>	

Please contact your State/Territory Customer Service Department to provide brief details of the issue prior to sending the returned component and completed form.

	NSW / ACT	NT	QLD	SA	VIC / TAS	WA
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 9401	08 8232 5741	03 9694 0245	08 9221 1215
Address Component Return to:	Customer Service Dept Sydney Processing Centre Lifeblood 17 O'Riordan St Alexandria, NSW 2015	Customer Service Dept Lifeblood 17 Scaturchio St Casuarina, NT 0810	Customer Service Dept Lifeblood 44 Musk Ave Kelvin Grove, QLD 4059	Customer Service Dept Lifeblood 18 Adam St Hindmarsh, SA 5007	Customer Service Dept Melbourne Processing Centre Lifeblood 100-154 Batman St West Melbourne, VIC 3003	Customer Service Dept Perth Processing Centre Lifeblood 290 Wellington St Perth, WA 6000

Lifeblood Use Only

CFS Number		Received by:	INITIAL, DATE and TIME
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