



Issue/Complaint Report

LifeSouth Community Blood Centers

Part 1 – Report Details

Name of person reporting issue:		Date form completed:
Title:	Facility/Agency:	
Phone Number:	Email:	

Part 2 – Issue Details

DIN #:	Product Code (ecode):
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Description of issue (*check appropriate and/or include an explanation; attach any supporting documentation/photos*):

Unit appearance

- | | | |
|--|---|---|
| <input type="checkbox"/> Broken component | <input type="checkbox"/> Clotted RBC | <input type="checkbox"/> Clot/Fibrin Strands in Plasma/Cryo |
| <input type="checkbox"/> Color (Green, etc.) | <input type="checkbox"/> Gross Lipemic | <input type="checkbox"/> Hemolyzed RBC |
| <input type="checkbox"/> No swirling | <input type="checkbox"/> RBC contaminated (plasma/platelet) | |

Testing related

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> DAT Positive | <input type="checkbox"/> Typing/workup Issue | <input type="checkbox"/> Incompatible product |
|---------------------------------------|--|---|

Order

- | | |
|---|--|
| <input type="checkbox"/> Out of temperature | <input type="checkbox"/> Other (<i>please explain in Comments field below</i>) |
|---|--|

Order fulfillment issue:

Ordered the following _____

Received the following _____

Select all that apply:

- Returning component. By signing below, you verify that the component was stored at the proper temperature.
- Discarded at facility; will not return. By signing below, you confirm that the component was properly discarded.
- Transfused. By signing below, you confirm that the component no longer exists in your inventory as it was transfused.

Consignee Signature:

Comments:

SEND FORM TO LIFESOUTH'S QUALITY ASSURANCE DEPARTMENT AT QA@LIFESOUTH.ORG OR FAX AT (352) 334-7782.