



For Blood Center use only:

Case #: _____

Received by: _____

Date received: _____

Issue/Complaint Report

LifeSouth Community Blood Centers

Part 1 – Report Details

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

Part 2 – Issue Details

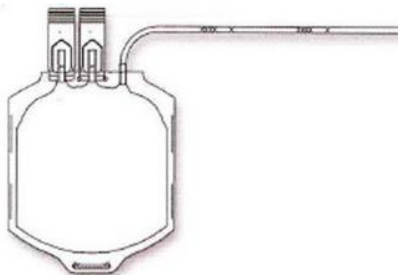
Date issue occurred:	Location where issue occurred:
Description of issue <i>(attach additional pages if needed along with any supporting documentation):</i>	

Is a blood component involved? No Yes; if yes, complete the following:

DIN:	Component Type:
------	-----------------

Select all that apply:

- Requesting credit for a broken/damaged component; unable to return. (Circle area of breakage/damage and sign and date the *Confirmation of Component Discard* section below.)



Confirmation of Component Discard

Discard any unusable component at your facility. Sign below to indicate the component(s) were discarded.

Signature: _____

Date: _____

- Returning a component; I verify that the component was maintained at the appropriate storage temperature.

Consignee Signature: _____

- Not returning a component.

Was the component transfused? No Yes

FAX FORM TO LIFESOUTH'S QUALITY ASSURANCE DEPARTMENT AT (352) 334-7782