Procedure Area:

a: Hospital Inventory Management Procedures (HIM)

Version:

1.3

### Purpose

To discard blood components from a donor who tested reactive or repeatedly reactive for a qualifying disease marker on a subsequent donation.

### Scope

Customers

## Materials

- ✓ Partially completed *Inventory Discard/Supplemental Testing Notification* form (initiated in *QA.2.8*)
- / Issue/Complaint Report, if needed (initiated in HIM.2.1)

### **Procedure Notes**

- Refer to <u>21 CFR 610.46(b)</u> for HIV lookback requirements for consignees of blood components.
- Refer to <u>21 CFR 610.47(b)</u> for HCV lookback requirements for consignees of blood components.

## **Procedure Steps**

- 1. Receive the faxed *Inventory Discard/Supplemental Testing Notification* form. See Figure 1 for an example.
- 2. Print your name and then sign and date the form. Keep in mind that by signing the form, you are acknowledging receipt of the *Inventory Discard/Supplemental Testing Notification* form, including the component information listed on the form.
- 3. Determine the disposition of the blood component listed in the Component section of the *Inventory Discard/Supplemental Testing Notification* form, and handle as follows:

| In inventory? | Then this   |
|---------------|---|
| Yes           | <ul> <li>Discard/destroy the component.</li> <li>Complete an <i>Issue/Complaint Report</i> as detailed in <i>HIM.2.1</i> for the component.</li> <li>Fax the <i>Issue/Complaint Report</i> with a copy of the completed <i>Inventory Discard/Supplemental Testing Notification</i> form to the blood center servicing your facility.</li> </ul> |
| No            | Proceed to the next step.   |

- 4. Fax the completed *Inventory Discard/Supplemental Testing Notification* form to the fax number printed at the bottom of the form.
- 5. You will be notified via certified mail generally within 45 days of the reactive test results if the donor's test results were confirmed and recipient notification is required. Contact Quality Assurance using the phone number provided on the *Inventory Discard/Supplemental Testing Notification* form if you have any questions.

### **Related Documents**

- <u>HIM.2.1 (Report an Issue/Complaint)</u>
- QA.2.8 (Perform Lab Review)

#### HIM.2.4 **Respond to Lookback Investigations**

Hospital Inventory Management Procedures (HIM)

Version: 1.3

### Inventory Discard/Supplemental Testing Notification

LifeSouth Community Blood Centers

Case File Number: W11512412345A

To: Childrens Hospital

Date notification sent: 09/25/2024

Our records indicate that the blood component(s) below were shipped to your facility. All of the components were NONREACTIVE/NEGATIVE for viral marker testing at the time of distribution. However, on a subsequent donation the donor tested reactive for the following test(s):

| Test Name | Test Result |  |  |
|-----------|-------------|--|--|
| HBsAg     | Reactive    |  |  |
|           |             |  |  |

### Component

| Unit Number / DIN | Product<br>Code | Expiration<br>Date | Date Shipped | Transaction<br>Number | Box # | BOL # |
|-------------------|-----------------|--------------------|--------------|-----------------------|-------|-------|
| W11512498765Z     | E0701V00        | 04/20/2025         | 04/27/2024   | 12345-67890           | 001   | N/A   |
|                   |                 | 1 ··· 1 ····       | 1            |                       |       | 1     |
|                   |                 |                    |              | /                     |       |       |
|                   |                 |                    |              |                       | -     |       |
|                   |                 | 1                  | 1            |                       |       |       |

### Confirmation/Supplemental Testing

Additional results pending (this form will be resent with supplemental results upon completion) □ No further testing

| Name of Test         | Test Results | Date Tested |
|----------------------|--------------|-------------|
| HBsAg Neutralization | Reactive     | 09/24/2024  |
|                      |              | 6           |
|                      |              |             |

Please acknowledge receipt of this information by signing and returning form to LifeSouth by FAX at 352-334-7782.

Form Completed By: Denise Hinman

(print name)

Date: 09/25/2024

Signature:

If you have questions, please contact LifeSouth's Quality Assurance department at 1-866-592-8678, Monday through Friday, 9 a.m. to 5 p.m. (ET).

QA.2.8

Effective: 01 Aug 2024

Figure 1, Inventory Discard/Supplemental Testing Notification Form

# HIM.2.4 Respond to Lookback Investigations

Procedure Area:

Hospital Inventory Management Procedures (HIM)

Version: 1.3

## **Version History**

| #   | Significant Changes   | Approved by   | Approved    | Implemented |  |  |  |
|-----|---|---|-------------|-------------|--|--|--|
| 1.3 | <ul> <li>Added procedure notes with references to<br/>CFR sections with HIV and HCV lookback<br/>requirements for consignees of blood<br/>components.</li> <li>Updated <i>Inventory Discard/Supplemental</i><br/><i>Testing Notification</i> form example in Figure 1.</li> </ul> | Phuc Huynh, Corporate<br>Quality Assurance<br>Coordinator III | 05 Dec 2024 | 05 Dec 2024 |  |  |  |
| 1.2 | Added Figure 1 as an example of Inventory     Discard/Supplemental Testing Notification   | Dr. Juan Merayo-Rodriguez,<br>Medical Director                | 05 Mar 2021 | 23 Mar 2021 |  |  |  |
|     | <ul> <li>form.</li> <li>Updated references to <i>Inventory</i><br/><i>Discard/Supplemental Testing Notification</i></li> </ul>  | Dr. Chris Lough, Medical<br>Director                          |             |             |  |  |  |
|     | form.   | Lori Masingil, VP of Quality                                  |             |             |  |  |  |
| 1.1 | <ul> <li>Changed <i>QA.2.4</i> references to <i>QA.2.8</i>.</li> <li>Changed contact for customer questions from Medical Office to Quality Assurance.</li> </ul>  | Dr. Juan Merayo-Rodriguez,<br>Medical Director                | 13 Dec 2016 | 17 Jan 2017 |  |  |  |
|     |   | Dr. Chris Lough, Medical<br>Director                          |             |             |  |  |  |
|     |   | Matt Audette, QA Manager                                      |             |             |  |  |  |
|     |   | CBCC Medical Director   |             |             |  |  |  |
| 1.0 | Replaced Request for Credit form with<br>Issue/Complaint Report.  | Dr. Juan Merayo-Rodriguez,<br>Medical Director                | 03 Jun 2015 | 23 Jun 2015 |  |  |  |
|     | Added version information.     Note: Prior versions of this document may exist; version     numbers were applied to policies and procedures   | Dr. Marek Fried, Medical<br>Director                          |             |             |  |  |  |
|     | beginning in ~Jan. 2015.  | Richard Jones, QA Manager                                     |             |             |  |  |  |
|     |   | CBCC Medical Director   |             |             |  |  |  |