HIM.2.3 Respond to Market Withdrawals and Recalls Procedure Area: Hospital Inventory Management Procedures (HIM) Version: 1.0

Purpose

To respond to recalls due to post donation information about the donor or the blood component.

Scope

Customers

Materials

- ✓ Blood Component Market Withdrawal/Recall Notification form (initiated in HS.5.2)
- ✓ Hospital Return form, if needed (initiated in **HIM.1.2**)

Procedure Notes

A credit will not be issued for components returned due to a recall without a completed *Blood Component Market Withdrawal/Recall Notification* form.

Procedure Steps

- 1. Receive the faxed *Blood Component Market Withdrawal/Recall Notification* form (see <u>Figure 1</u>). Note that you will receive a call alerting you that the form was faxed.
- 2. Determine the disposition of each blood component listed in the Component Details section of the *Blood Component Market Withdrawal/Recall Notification* form.
- 3. Complete the To Be Completed by Customer section of the *Blood Component Market Withdrawal/Recall Notification* form as follows:
 - a. Enter your name as the **Person Completing Form**.
 - b. Enter your job title as the **Title**.
 - c. Indicate the **Final Disposition** of each component listed on the *Blood Component Market Withdrawal/Recall Notification* form, and handle as follows:

If component is	Do this
In inventory	• Complete a <i>Hospital Return</i> form and arrange for return per <i>HIM.1.2</i> .
	• On the <i>Blood Component Market Withdrawal/Recall Notification</i> form select the "Returned to Blood Center" disposition, and write the date you returned the component in the Date of Final Disposition field.
	• Enclose a copy of the <i>Blood Component Market Withdrawal/Recall Notification</i> form with the component being returned.
Discarded/destroyed	Select the "Destroyed at your facility" disposition, and write the date you discarded/destroyed the component in the Date of Final Disposition field.
Transfused	Select the "Transfused prior to notification" disposition, and write the date the component was transfused in the Date of Final Disposition field.
Shipped	• Select the "Shipped to another facility" disposition, and write the date you shipped the component in the Date of Final Disposition field.
	 Indicate the facility that received the component in the Additional Comments field.
Kept	Explain why the component was kept in the Additional Comments field.

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- 4. Sign and date the *Blood Component Market Withdrawal/Recall Notification* form. By signing the form, you are assuring that the component disposition information indicated on the form is accurate.
- 5. Fax or email the completed *Blood Component Market Withdrawal/Recall Notification* form to the number or email address listed on the form as soon as possible.

Related Documents

HIM.1.2 (Return Components for Normal Inventory Rotation)

HS.5.2

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								Olean Field
		Bloo	d Compone	ent M	arket V	Vithdrawal LifeSouth Co	/ Reca mmuni	Clear Fields II Notification ty Blood Center
Form Initia	ted by: PVH1			Re	egion:NEW	VBE		
Customer	Information			•				
Notification	n Date:03/18/202	21		С	ontact Nam	ie: John Doe		
Facility: B]	ood Bank Hospit	al		Р	hone Numb	per:(352)224-16:	11	
				F	ax Number	(352) 224-1111		
Compone	nt Details							
#	DIN	N	Product Co	de	ABO/Rh	Date Ship	ped	Date Expires
1 W11	5121046180D		E9749V00		0=	05 MAR 202	1 1	9 FEB 2022
2								
3								
4								
Reason fo	r Market Withdi	rawal/Recall						
□ Bacterial testing failed □ Co-component associated with a report of adverse transfusion event □ Co-component has fibrin strands □ Co-component has visual signs of bacterial				□ pH out of range in component or co-component □ Product QC: low platelet count:x10e11 □ Product QC failure noted after component shipped □ QA Investigation:				
contamination (cloudy, clumps, frothy, or clots) Imported product: exporter initiated recall:					Other reason:			
☐ Incor	rect volume on pr	oduct label		-				
	Email this f	orm to QA@lifesout	th.org at the same	time tha	t you fax o	r email this form to	o the cust	omer
		TO BE	COMPLETE	DBY	CUSTO	MER		
Person Co	mpleting Form: JO	hn Doe			Title: Medical Technologist			
Signature:	Johndoe				Date: 0	3/18/2021		
Indicate th	e Final Disposition	of each componen	t listed (check app					
#	Returned to Blood Center	Destroyed at your facility	Transfused prior to notification	anoth	ped to er facility ate where)	Component Kept (include comment)	Date o	of Final Disposition
1			V				03/18/	2021
2								
3								
4								
Additional	Comments:							
		oon as possible, retu						
 Credit 	tor discarded com	ponents may be iss	ued upon request. at www.			submitting the Iss	ue/Compl	laint Form <i>(accessib</i>

Effective: 02 Feb 2021

Contact the LifeSouth Quality Assurance department at 1-866-592-8678 if you have questions.

Figure 1, Blood Component Market/Withdrawal Notification form

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Version History

#		Significant Changes	Approved by	Approved	Implemented
1.0		Added "Component Kept" to the if/then table in step 3. Updated step 5 so staff have the option to email the completed <i>Blood Component Market Withdrawal/Recall Notification</i> form. Added example of completed <i>Blood Component Market/Withdrawal Notification</i> form	Phuc Huynh, Corporate Quality Assurance Coordinator	18 Mar 2021	18 Mar 2021
	Not	e: Prior versions of this document may exist; version numbers were applied to policies and procedures beginning in ~Jan. 2015.			