

HOSPITAL CUSTOMER FEEDBACK



CAUTION: THIS FORM IS NOT A REPLACEMENT FOR ANY EVENT THAT TRIGGERS "ADVERSE REACTION" REPORTING.

IF YOU REQUIRE THIS HOSPITAL CUSTOMER FEEDBACK FORM IN AN ACCESSIBLE FORMAT, PLEASE CONTACT YOUR LOCAL HOSPITAL LIAISON SPECIALIST OR FOR STEM CELL/CORD BLOOD, PLEASE CONTACT THE CANADIAN BLOOD SERVICES COLLECTIONS/MANUFACTURING MANAGER

CUSTOMER CONTACT INFORMATION	
NAME:	PHONE NUMBER:
POSITION:	FAX NUMBER:
INSTITUTION:	EMAIL:

FEEDBACK DESCRIPTION	
DATE DISCOVERED (YYYY-MM-DD):	DATE OCCURRED (YYYY-MM-DD):
PRODUCT TYPE: <input type="checkbox"/> RBC <input type="checkbox"/> Pooled PLT <input type="checkbox"/> Apheresis PLT <input type="checkbox"/> FP <input type="checkbox"/> Apheresis FFP <input type="checkbox"/> Cryoprecipitate <input type="checkbox"/> Cryosupernatant plasma (CSP) <input type="checkbox"/> HPC, Cord Blood <input type="checkbox"/> HPC, Bone Marrow <input type="checkbox"/> HPC, Apheresis <input type="checkbox"/> Plasma Protein Product <input type="checkbox"/> Other issue, product not involved <input type="checkbox"/> Other Product (specify): _____	

FEEDBACK CATEGORY:		
<input type="checkbox"/> Product Packaging <input type="checkbox"/> Duplicate Order <input type="checkbox"/> Incorrect Order received <input type="checkbox"/> Incomplete Order received <input type="checkbox"/> Packing Configuration Incorrect <input type="checkbox"/> Packing Slip Incorrect <input type="checkbox"/> Packing Slip Missing <input type="checkbox"/> Tamper Indicator Device Missing <input type="checkbox"/> Temperature at Receipt: _____ <input type="checkbox"/> Dry Shipper problem <input type="checkbox"/> Shipping container problem <input type="checkbox"/> Other	<input type="checkbox"/> Product Quality <input type="checkbox"/> Clot <input type="checkbox"/> DAT Positive <input type="checkbox"/> Damaged / Broken <input type="checkbox"/> Short-dated Product Shipped <input type="checkbox"/> Product Unavailable <input type="checkbox"/> Sealing/Segmenting Incorrect <input type="checkbox"/> Hemolyzed <input type="checkbox"/> Product Appearance <input type="checkbox"/> Other	<input type="checkbox"/> Product Labelling <input type="checkbox"/> Placement Incorrect <input type="checkbox"/> Label Missing <input type="checkbox"/> Label Info Incomplete / Incorrect <input type="checkbox"/> Wrong Label Applied <input type="checkbox"/> Label Issue <input type="checkbox"/> Tag Missing <input type="checkbox"/> Tag Info Incomplete / Incorrect <input type="checkbox"/> Wrong Tag Applied <input type="checkbox"/> Other
<input type="checkbox"/> Product Delivery <input type="checkbox"/> Driver – Incorrect Destination <input type="checkbox"/> Driver - Late <input type="checkbox"/> External Courier – Incorrect Destination <input type="checkbox"/> External Courier – Late <input type="checkbox"/> Other	<input type="checkbox"/> Communication <input type="checkbox"/> Delay in Response <input type="checkbox"/> Inappropriate Response <input type="checkbox"/> Not Properly Informed <input type="checkbox"/> Other	<input type="checkbox"/> Other <input type="checkbox"/> Category not listed <input type="checkbox"/> Positive Feedback

EVENT DETAILS:
Please provide a description of the event including: 1) any patient impact details and 2) the following product details as applicable: Unit #, date collected, lot #, expiration date, vial size, manufacturer (or attach a copy of the packing slip, if applicable).

Disposition of Component:	
<input type="checkbox"/> Not applicable <input type="checkbox"/> Returned for investigation on (YYYY-MM-DD): _____ <input type="checkbox"/> Quarantined at institution, pending review <input type="checkbox"/> Other	<input type="checkbox"/> Placed into inventory at institution <input type="checkbox"/> Discarded at institution <input type="checkbox"/> Transfused at institution (See Caution above)

PLEASE EMAIL OR FAX THE COMPLETED FORM AND SUPPORTING DOCUMENTS TO THE LOCATION IN YOUR REGION (SEE PAGE 2)

