Shepeard Community Blood Center

1533 Wrightsboro Road, Augusta, GA 30904

DEVIATION REPORT for HOSPITALS

Hospital	**Reported By** **Date**

Involved Products:

Unit#	Product	ABO/Rh	Current Product Status

☐ **Platelet failed bacterial testing**

☐ **Clots detected**

☐ **Suspected transfusion reaction**

☐ **Other_____**

Detailed Description of Event (attach all documentation / sign and date):

SECTION II: Corrective Action to Prevent Re-occurrence:

☐ Employee Counseled
Date_____
Supvr Initials_____
Employee Initials_____

☐ Employee Retrained
Date_____
Supvr Initials_____
Employee Initials_____

☐ Employee Re-read SOP # _____
Date_____
Supvr Initials_____
Employee Initials_____

Additional information or comments from Department Director(s) :

SECTION III: ϖ Quality Assurance Department Use Only ϖ Quality Assurance Department Use Only

Classification of Event:

☐ Registration ☐ Collection ☐ Testing ☐ Distribution ☐ PDI _____

☐ Screening ☐ Processing ☐ Labeling ☐ Computer Support ☐ Other_____

FDA Reportable
☐ Yes
☐ No

If Yes, BPDR Number _____

Plasma Vendor Reportable
☐ Yes
☐ No

If Yes, Lookback Number _____

Remarks:

SECTION III: Review/CommentsI:

Director of Quality Assurance **Date**