

Prothrombinex Details <small>To be completed from the product label upon receipt</small>					Patient Details <small>To be completed when product is received or issued</small>		Issue No.	Product Fate <small>To be completed anytime product is REMOVED from or RETURNED to fridge.</small>								
Date		Manufacturer			Surname			Date	Time	Ward	Fate Code (Circle)					Sign and Print Name
Time		Expiry			First Name		1				RTS	RTF	DAM	EXP	IS	
Path Lab (Circle)	SA Path	Abbott	AustClinLabs	Clinpath	DOB							RTS	RTF	DAM	EXP	IS
Batch Number					MRN		2				RTS	RTF	DAM	EXP	IS	
Print and Sign					Left Blank Intentionally							RTS	RTF	DAM	EXP	IS
Date		Manufacturer			Surname		1	Date	Time	Ward	Fate Code (Circle)					Sign and Print Name
Time		Expiry			First Name							RTS	RTF	DAM	EXP	IS
Path Lab (Circle)	SA Path	Abbott	AustClinLabs	Clinpath	DOB		2				RTS	RTF	DAM	EXP	IS	
Batch Number					MRN							RTS	RTF	DAM	EXP	IS
Print and Sign					Left Blank Intentionally						RTS	RTF	DAM	EXP	IS	
Date		Manufacturer			Surname		1	Date	Time	Ward	Fate Code (Circle)					Sign and Print Name
Time		Expiry			First Name							RTS	RTF	DAM	EXP	IS
Path Lab (Circle)	SA Path	Abbott	AustClinLabs	Clinpath	DOB		2				RTS	RTF	DAM	EXP	IS	
Batch Number					MRN							RTS	RTF	DAM	EXP	IS
Print and Sign					Left Blank Intentionally						RTS	RTF	DAM	EXP	IS	
Date		Manufacturer			Surname		1	Date	Time	Ward	Fate Code (Circle)					Sign and Print Name
Time		Expiry			First Name							RTS	RTF	DAM	EXP	IS
Path Lab (Circle)	SA Path	Abbott	AustClinLabs	Clinpath	DOB		2				RTS	RTF	DAM	EXP	IS	
Batch Number					MRN							RTS	RTF	DAM	EXP	IS
Print and Sign					Left Blank Intentionally						RTS	RTF	DAM	EXP	IS	

Problem Log: Record all problems, on reverse of this page. Must include dates, corrective actions and incident number. Problem logged () tick, see details over page.

Fate Code: **Ward:** Enter ward name / number, **RTS:** Return to Supplier, **RTF:** Return to Fridge, **DAM:** Damaged, **EXP:** Expired, **IS:** Incorrect Storage

Prothrombinex must be stored at 2°C - 6 °C in an approved blood fridge or vaccine fridge. Contact your Transfusion Service Laboratory three (3) months prior to expiry for stock rotation.

Prothrombinex

South Australian Public Hospitals Retention Disposal Schedule require this form to be archived and stored for 20 years by the health unit

Hospital Quality Delegate Review

Site Name: _____

Print Name: _____

Sign: _____ Designation: _____

Contact No: _____