

FFP Pack Details <small>To be completed from the blood pack label upon receipt</small>										Patient Details <small>To be completed from the blood compatibility label upon receipt</small>		Issue No	Product Fate <small>To be completed anytime product is REMOVED from or RETURNED to fridge.</small>					
Date	Temp	Expiry	Pt Blood Group	Date	Time	Ward	Fate Code (circle)			Sign & Print Surname								
Time	Donor Group	Surname	1				RTS	RTF	DAM	EXP	IS							
Path Lab (Circle)	SA Path	Abbott	AustClinLabs	Clinpath	First Name		RTS	RTF	DAM	EXP	IS							
Donor Number					DOB		RTS	RTF	DAM	EXP	IS							
Print and Sign					MRN		RTS	RTF	DAM	EXP	IS							
Date	Temp	Expiry	Pt Blood Group	Date	Time	Ward	Fate Code (circle)			Sign & Print Surname								
Time	Donor Group	Surname	1				RTS	RTF	DAM	EXP	IS							
Path Lab (Circle)	SA Path	Abbott	AustClinLabs	Clinpath	First Name		RTS	RTF	DAM	EXP	IS							
Donor Number					DOB		RTS	RTF	DAM	EXP	IS							
Print and Sign					MRN		RTS	RTF	DAM	EXP	IS							
Date	Temp	Expiry	Pt Blood Group	Date	Time	Ward	Fate Code (circle)			Sign & Print Surname								
Time	Donor Group	Surname	1				RTS	RTF	DAM	EXP	IS							
Path Lab (Circle)	SA Path	Abbott	AustClinLabs	Clinpath	First Name		RTS	RTF	DAM	EXP	IS							
Donor Number					DOB		RTS	RTF	DAM	EXP	IS							
Print and Sign					MRN		RTS	RTF	DAM	EXP	IS							
Date	Temp	Expiry	Pt Blood Group	Date	Time	Ward	Fate Code (circle)			Sign & Print Surname								
Time	Donor Group	Surname	1				RTS	RTF	DAM	EXP	IS							
Path Lab (Circle)	SA Path	Abbott	AustClinLabs	Clinpath	First Name		RTS	RTF	DAM	EXP	IS							
Donor Number					DOB		RTS	RTF	DAM	EXP	IS							
Print and Sign					MRN		RTS	RTF	DAM	EXP	IS							
Date	Temp	Expiry	Pt Blood Group	Date	Time	Ward	Fate Code (circle)			Sign & Print Surname								
Time	Donor Group	Surname	1				RTS	RTF	DAM	EXP	IS							
Path Lab (Circle)	SA Path	Abbott	AustClinLabs	Clinpath	First Name		RTS	RTF	DAM	EXP	IS							
Donor Number					DOB		RTS	RTF	DAM	EXP	IS							
Print and Sign					MRN		RTS	RTF	DAM	EXP	IS							

Problem Log: Record all problems. Must include dates, corrective actions and incident number on reverse of this page. 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

Fresh Frozen Plasma (FFP) should be used immediately. If unable to be used store at 2°C - 6 °C in an approved blood fridge. Contact Transfusion Service Laboratory when blood is no longer required and/or quarantined.

Fresh Frozen Plasma (FFP)

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: _____