

Immunoglobulin 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		Product Name			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			Dose/Size		MRN		2				RTS	RTF	DAM	EXP	IS	
Print and Sign	Left Blank Intentionally											RTS	RTF	DAM	EXP	IS
Date		Product Name			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			Dose/Size		MRN							RTS	RTF	DAM	EXP	IS
Print and Sign	Left Blank Intentionally										RTS	RTF	DAM	EXP	IS	
Date		Product Name			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			Dose/Size		MRN							RTS	RTF	DAM	EXP	IS
Print and Sign	Left Blank Intentionally										RTS	RTF	DAM	EXP	IS	
Date		Product Name			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			Dose/Size		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

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

Normal Immunoglobulin, Tetanus, Zoster, CMV, Hep B Immunoglobulin

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: _____