



Date   Temp	BERIPLEX (4 Factor PCC)  To be completed from the product label upon receipt  Store in the Blood Fridge				Patient Details  To be completed when the product is received or issued		Issue No.	Product Fate  To be completed anytime product is REMOVED from or RETURNED to fridge.								
Path Lab   Circle    SA Path   Abbott   AustClimLabs   Climpath   First Name   1	Date	Temp	Expiry		Pt Blood Group			Date	Time	Ward		Fate Cod	de (ci	rcle)		Sign & Print Surname
Path Lab (Circle)   SA Path	Time	Donor Group			Surname		1				RTS	RTF	DAM	EXP	IS	
Print and Sign	Path Lab (Circle) SA Path	Abbott A	stClinLabs	Clinpath	First Name		- I				RTS	RTF	DAM	EXP	IS	
Date   Temp   Expiry   Pt Blood Group   Surname   Date   Time   Mard   Sign & Riff   Date   Circle   Sign & Print Surname	Batch Number				DOB		2				RTS	RTF	DAM	EXP	IS	
Time Donor Group SA Path Abbott AusClinLabs Clinpath First Name  Batch Number Donor Group Sumame  Time Donor Group Sumame  Time Donor Group Sumame  Batch Number  Donor Group Sumame  Donor Group Sumame  Donor Group Sumame  Batch Number Sumame  Fate Code: Ward: Enter ward name / number, RTS: Return to Supplier, RTF: Return to Fridge, DAM: Damaged, EXP: Expired, IS: Incorrect Storage  Fate Code: Ward: Enter ward name / number, RTS: Return to Supplier, RTF: Return to Fridge, DAM: Damaged, EXP: Expired, IS: Incorrect Storage  Fate Code: Ward: Enter ward name / number, RTS: Return to Supplier, RTF: Return to Fridge, DAM: Damaged, EXP: Expired, IS: Incorrect Storage  Fate Code: Ward: Enter ward name / number, RTS: Return to Fridge, DAM: Damaged, EXP: Expired, IS: Incorrect Storage  First Name:  Store in the Blood Fridge  Supplied First Name Supplier for 20 years by the health unit	Print and Sign			MRN						RTS	RTF	DAM	EXP	IS		
Path Lab (Circle) SA Path Abbott AustClinLabs Clinpath First Name DOB Print and Sign Free Number Print and Sign Free Number Path Lab (Circle) SA Path Abbott AustClinLabs Clinpath First Name DOB Print and Sign Free Number Print Print American Problem Logs: Record all problems. Must include dates, corrective actions and incident number on reverse Paker Sign Subdulle Street Free Number Print Number Sign: Designation:  **BERIPLEX (4 Factor PCC) should be stored at 2*-6*C in an appropriate blood fridge or vaccine fridge. Contact Transfusion Service Laboratory three (3) months print Sign: Sign: Designation:  **BERIPLEX (4 Factor PCC) should be stored at 2*-6*C in an appropriate blood fridge or vaccine fridge. Contact Transfusion Service Laboratory three (3) months print Si	Date	Temp	Expiry		Pt Blood Group			Date	Time	Ward		Fate Cod	de (ci	rcle)		Sign & Print Surname
Path Lab (Circle)   SA Path   Abbott   AustClinLabs   Clinpath   First Name   Path Lab (Circle)   Path L	Time	Donor Group			Surname		1				RTS	RTF	DAM	EXP	IS	
Print and Sign    Date   Temp   Expiry   Pt Blood Group   Sumame   Donor Group   Sumame   D	Path Lab (Circle) SA Path	Abbott A	stClinLabs	Clinpath	First Name		ļ				RTS	RTF	DAM	EXP	IS	
Print and Sign	Batch Number				DOB		2				RTS	RTF	DAM	EXP	IS	
Time   Donor Group   Surname   1   RTS   RTF   DAM   EXP   IS	Print and Sign				MRN						RTS	RTF	DAM	EXP	IS	
Path Lab (Circle) SA Path   Abbott   AustClinLabs   Clinpath   First Name   1	Date	Temp Expiry			Pt Blood Group			Date	Time	Ward		Fate Cod	de (ci	rcle)		Sign & Print Surname
Path Lab (Circle) SA Path Abbott AustClinLabs Clinpath First Name DOB Batch Number  Print and Sign	Time Donor Group				Surname		1				RTS	RTF	DAM	EXP	IS	
Print and Sign  Date  Temp  Expiry  Pt Blood Group  Surname  Path Lab (Circle)  SA Path  Abbott  AustClinLabs  Clinpath  First Name  DOB  Batch Number  Print and Sign  DOB  Print and Sign  Batch Number  Print and Sign  Froblem Log: Record all problems. Must include dates, corrective actions and incident number on reverse of this page. Problem logged ( ) tick, see details over page.  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.  Print and Sign  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.  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.  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.  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  BERIPLEX (4 Factor PCC) should be stored at 2°-6°C in an appropriate blood fridge or vaccine fridge. Contact Transfusion Service Laboratory three (3) months prior to expirity for stock rotation.  Store in the Blood Fridge  South Australian Public Hospitals Retention Disposal Schedule require this form to be archived and stored for 20 years by the health unit	Path Lab (Circle) SA Path	Abbott A	stClinLabs	Clinpath	First Name		ļ				RTS	RTF	DAM	EXP	IS	
Print and Sign  Date  Temp Donor Group Surname Path Lab (Circle) Batch Number Print and Sign  DOB Print and Sign  Donor Group Batch Number Print and Sign  DOB Print and Sign  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.  BERIPLEX (4 Factor PCC) should be stored at 2°-6°C in an appropriate blood fridge or vaccine fridge. Contact Transfusion Service Laboratory three (3) months prior to expiry for stock rotation.  Store in the Blood Fridge  South Australian Public Hospitals Retention Disposal Schedule require this form to be archived and stored for 20 years by the health unit  Date Time Date Time Ward Fate Code (circle) Sign & Print Surname  Fate Code (circle) Sign & Print Surname  Path Lab (Circle) Sign & Print Surname  Sign & Print Surname  Path Lab (Circle) Sign & Print Surname  S	Batch Number			DOB		2				RTS	RTF	DAM	EXP	IS		
Time   Donor Group   Surname   1   RTS   RTF   DAM   EXP   IS    Path Lab (Circle)   SA Path   Abbott   AustClinLabs   Clinpath   First Name   1   RTS   RTF   DAM   EXP   IS    Batch Number   DOB   RTS   RTF   DAM   EXP   IS    Print and Sign   MRN   2   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  BERIPLEX (4 Factor PCC) should be stored at 2°-6°C in an appropriate blood fridge or vaccine fridge. Contact Transfusion Service Laboratory three (3) months prior to expiry for stock rotation.  Store in the Blood Fridge  South Australian Public Hospitals Retention Disposal Schedule require this form to be archived and stored for 20 years by the health unit	Print and Sign			MRN						RTS	RTF	DAM	EXP	IS		
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Path Lab (Circle) SA Path Abbott AustClinLabs Clinpath First Name  Batch Number	Time	Donor Group			Surname		1				RTS	RTF	DAM	EXP	IS	
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South Australian Public Hospitals Retention Disposal Schedule require this form to be archived and stored for 20 years by the health unit  Sign:  Designation:	Store in the Bloc	od Fridae								Print Name:						
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