

| BERIPLEX (4 Factor PCC) <small>To be completed from the product label upon receipt Store in the Blood Fridge</small> | | | | | Patient Details <small>To be completed when the 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 | 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 |
| Batch Number | | | | | DOB | 2 | | | | RTS | RTF | DAM | EXP | IS |
| Print and Sign | | | | | MRN | | | | | RTS | RTF | DAM | EXP | IS |
| Date | Temp | Expiry | Pt Blood Group | | 1 | Date | Time | Ward | Fate Code (circle) | | | | | Sign & Print Surname |
| Time | Donor Group | | | Surname | | | | | | RTS | RTF | DAM | EXP | IS |
| Path Lab (Circle) | SA Path | Abbott | AustClinLabs | Clinpath | First Name | | | | RTS | RTF | DAM | EXP | IS | |
| Batch Number | | | | | DOB | 2 | | | | RTS | RTF | DAM | EXP | IS |
| Print and Sign | | | | | MRN | | | | | RTS | RTF | DAM | EXP | IS |
| Date | Temp | Expiry | Pt Blood Group | | 1 | Date | Time | Ward | Fate Code (circle) | | | | | Sign & Print Surname |
| Time | Donor Group | | | Surname | | | | | | RTS | RTF | DAM | EXP | IS |
| Path Lab (Circle) | SA Path | Abbott | AustClinLabs | Clinpath | First Name | | | | RTS | RTF | DAM | EXP | IS | |
| Batch Number | | | | | DOB | 2 | | | | RTS | RTF | DAM | EXP | IS |
| Print and Sign | | | | | MRN | | | | | RTS | RTF | DAM | EXP | IS |
| Date | Temp | Expiry | Pt Blood Group | | 1 | Date | Time | Ward | Fate Code (circle) | | | | | Sign & Print Surname |
| Time | Donor Group | | | Surname | | | | | | RTS | RTF | DAM | EXP | IS |
| Path Lab (Circle) | SA Path | Abbott | AustClinLabs | Clinpath | First Name | | | | RTS | RTF | DAM | EXP | IS | |
| Batch Number | | | | | DOB | 2 | | | | 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

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| <p>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.</p> <h3 style="margin: 0;">Store in the Blood Fridge</h3> <p style="font-size: small; margin: 0;">South Australian Public Hospitals Retention Disposal Schedule require this form to be archived and stored for 20 years by the health unit</p> | <h4 style="margin: 0;">Hospital Quality Delegate Review</h4> <p>Site Name:</p> <p>Print Name:</p> <p>Sign: _____ Designation: _____</p> <p>Contact No: _____</p> |
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