

Fibrinogen Concentrate <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

<p>Fibrinogen Concentrate 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> <p>Store in the Blood Fridge</p> <p>South Australian Public Hospitals Retention Disposal Schedule require this form to be archived and stored for 20 years by the health unit</p>	<p style="text-align: center;">Hospital Quality Delegate Review</p> <p>Site Name:</p> <p>Print Name:</p> <p>Sign: _____ Designation: _____</p> <p>Contact No: _____</p>
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