Community Blood Bank
2646 Peach St. Erie, PA 16508

TITLE: RECEIPT OF UNSUITABLE UNIT

PURPOSE: To notify CBB of units that were received that have been deemed unsuitable for transfusion. Reasons for return of units may include, but are not limited to:

1. Mislabeled - ABO, Rh, expiration date, product code
2. License number not crossed out
3. Positive DAT
4. Hemolysis
5. Clots
6. Broken ***(Broken plasma products may be returned only if breaks were discovered upon inspection on date facility received plasma from supplie****r)*

FORMS: "Return of Unsuitable Unit" form

PROCEDURE:

A. RECEIVING HOSPITAL

1. Quarantine unit.
2. Contact CBB to notify of problem.
3. Complete "Return of Unsuitable Unit" form.
4. Send completed form and unit to CBB Erie with courier.

B. CBB PERSONNEL

1. Return unit in computer.
2. Retrieve and Quarantine unit, including any other products involved (platelet, plasma, etc.).
3. Investigate problem, document results on form.
4. List corrective/final actions (relabeling, discard, etc.) for all products involved.
5. Return of Unsuitable Unit form is then given to Technical Director and QA Director for review.

CONTROLS: N/A

REPORTING/ INTERPRETING:

Completed form is reviewed by Technical Director and QA Director. Forms are on file in the QA office. QA will be responsible to report to the FDA, if necessary.

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Original Effective Date	Revised by	Revision	Supersedes Revision #
5.5.1994	D. Pirschel	REMOVED UNYTS	1.001
	D. Pirschel	Remove BRD Union Square address	1.002

REVIEW/APPROVAL/IMPLEMENTATION

REVIEWED BY:			
Department Head	**Name**	**Signature**	**Date**
Technical Director	Janet Comi		
APPROVED BY:			
Position	**Name**	**Signature**	**Date**
QA Director	Diane Pirschel		
Medical Director	Jeffrey A. Richmond MD		
IMPLEMENTATION DATE:			

ANNUAL REVIEW			
MEDICAL DIRECTOR	DATE	MEDICAL DIRECTOR	DATE

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RETIRED SOP

SOP RETIRED BY	TITLE	SIGNATURE	DATE RETIRED
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LAB			