

HEPATITIS B LOOK-BACK STUDYIDENTIFICATION OF FATE OF IMPLICATED COMPONENTComponent details:

DONATION NUMBER
COMPONENT TYPE
ISSUED TO
DATE OF ISSUE
ABO & RH GROUP

GRO-A

Product: RED CELLS SAGM BCR Batch:
LEWISHAM
28/06/94
O POS

When completed this form should be returned to

Mrs Una Whicheloe
Research Nurse
National Blood Service
London & SE Zone
South Thames Centre
75 Cranmer Terrace
London SW17 0RB

UNTRACEABLE

Please continue overleaf

To be completed from blood bank records

DONATION NUMBER.....

COMPONENT TYPE.....

1.

Are records available to identify receipt of component

YES/NO

2.

Are records available to identify fate of component

YES/NO

3. If NO to above please indicate reason:

4. If YES to above questions please indicate fate (tick ONE BOX)

TRANSFUSED TO PATIENT



Go to 5

RETURNED TO TRANSFUSION CENTRE

Go to 6

DISPOSED OF WITHIN HOSPITAL

Go to 6

TRANSFERRED TO OTHER HOSPITAL

Go to 6

5. If unit transfused to Patient please indicate

PATIENT SURNAME

UNKNOWN MALE

PATIENT FORENAME

DATE OF BIRTH

GRO-A

68

HOSPITAL NUMBER

ENB424

GRO-A

05/7/94

DATE OF TRANSFUSION

5.7.94

PT TRANS-
FERRED TO
ANOTHER
HOSPITAL
HOWEVER

6. If unit NOT Transfused please indicate (as appropriate)

DATE UNIT RETURNED TO TRANSFUSION CENTRE

DATE & DESTINATION IF UNIT TRANSFERRED

REASON FOR DISPOSAL

7. DETAILS OF INDIVIDUAL COMPLETING SECTION A (complete in all cases)

NAME

DR N. MIE

DESIGNATION

CONSULTANT

SIGNATURE

GRO-C

DATE

13.12.96