

Ref: 85BR1

NATIONAL HCV LOOK BACK PROGRAMME**IDENTIFICATION OF FATE OF IMPLICATED COMPONENT**Component details:

DONATION NUMBER	513 649 To
COMPONENT TYPE	conc. Red Cells
ISSUED TO	B.R.1
DATE OF ISSUE	29 Aug 86
ABO & RH GROUP	

Please complete section A and Section B overleaf.

When completed this form should be returned to the Consultant at the Blood Centre. A copy should be retained for your own records and another copy inserted in the notes.

SECTION A: To be completed from blood bank records

DONATION NUMBER... 513649.70	COMPONENT TYPE... Red cells...
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1.

Are records available to identify receipt of component	YES/NO
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2.

Are records available to identify fate of component	YES/NO
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3. If NO to above please indicate reason:

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

TRANSFUSED TO PATIENT	<input checked="" type="checkbox"/>	Go to 5
RETURNED TO TRANSFUSION CENTRE	<input type="checkbox"/>	Go to 6
DISPOSED OF WITHIN HOSPITAL	<input type="checkbox"/>	Go to 6
TRANSFERRED TO OTHER HOSPITAL	<input type="checkbox"/>	Go to 6

5. If unit transfused to Patient please indicate

PATIENT SURNAME		GRO-A	
PATIENT FORENAME			
DATE OF BIRTH		GRO-A	44
HOSPITAL NUMBER			732565
DATE OF TRANSFUSION			5/9/86

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	N. FARROW	GRO-C
DESIGNATION	Head MC	
SIGNATURE		
DATE	25/9/96	

FURTHER ACTION

If unit was not transfused return form to Transfusion Centre, keeping a copy for your records.

If unit was transfused obtain patient records & proceed to section B

SECTION B: To be completed from Patient records

1. Are hospital records available for this patient
- YES/NO

If NO indicate reason _____

If YES go to question 2

2.

Do notes confirm that the patient was transfused on the appropriate date <u>Not transfused.</u>	YES/NO
Do notes confirm that the patient received this unit	YES/NO

If YES to either or both questions proceed to question 3

If NO to both questions please review blood bank records.

3. Current status of patients (tick one box only)

Alive and remains under hospital care ¹	
Discharged from hospital care	
Dead (indicate cause) <u>1987 lymphoma</u>	<input checked="" type="checkbox"/>

4. Details of Consultant responsible for patient at time of transfusion

NAME	<u>Dr G. L. Scott</u>
SPECIALTY	<u>Clinical Haematology</u>
CONTACT ADDRESS	<u>Bristol Royal Infirmary</u>

5. If patient remains under hospital care details of Consultant currently undertaking care (if different from above).

NAME	
SPECIALTY	
CONTACT ADDRESS	

6. Details of General Practitioner

GP NAME	
ADDRESS	

and additional patient details

PATIENT ADDRESS	
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6. DETAILS OF INDIVIDUAL COMPLETING SECTION B (complete in all cases)

NAME	<u>N. FARRER</u>
DESIGNATION	<u>Head</u>
SIGNATURE	<u>GRO-C</u>

7. To be completed by Consultant Haematologist responsible for Blood Transfusion Department

I confirm that the above details are accurate

NAME	<u>G L Scott</u>
SIGNATURE	<u>GRO-C</u>
DATE	<u>24.9.96</u>

When completed return to Transfusion Centre, keeping a copy for your own records.

SECTION C: To be completed at Blood Centre on return of completed form

1.

DATE COMPLETED FORM RETURNED	
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2. FATE OF UNIT (TICK ONE BOX)

FATE	TICK IF APPROPRIATE	FURTHER ACTION
Hospital unable to trace		No further action
DLHCV2 returned. Consultant responsible for transfusion wishes to undertake counselling		CONTACT Consultant. Send DLHCV4 with counselling package, including DLHCV5 and form LBF3.
DLHCV2 returned. Transfused to patient, patient alive and under active follow-up. Responsible consultant does not wish to undertake counselling.		CONTACT named Consultant - letter DLHCV3 and form LBF2.
DLHCV2 not returned. Transfused to patient, patient alive but discharged from hospital		CONTACT GP letter DLHCV 3/form LBF2
Transfused to patient, patient Died	<input checked="" type="checkbox"/>	No further action
Unit not transfused		No further action
Unit transferred to other hospital		Send form LBF 1 with letter to appropriate hospital

3. INDICATE FURTHER ACTION TAKEN

4. Details medical officer completing section C

NAME	MAR B ANDERSON
SIGNATURE	GRO-C
DATE	26-9-96