BLOOD CONTAINER PROBLEM REPORT

Date of Occurrence: _____ Number of Occurrences: _____ Reported by: _____

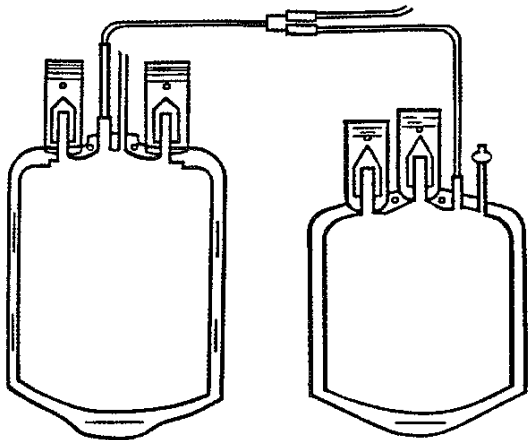
Product Name: _____

Unit Number: _____

Manufacturer's Product Number: _____ Lot Number: _____

TYPE OF BAG		TYPE OF DEFECT		DEFECT DETECTED	
Single	☐	Hole (leak) in:		Before Phlebotomy	☐
Double	☐	Primary Bag	☐	During Phlebotomy	☐
Triple	☐	Satellite Bag	☐	During Stripping of Tubing	☐
Platelet Pheresis	☐	Hole in Tubing	☐	Before Centrifugation	☐
Plasma Pheresis	☐	Crimp in Tubing	☐	After Centrifugation	☐
WB-Leuko-reduced RBC	☐	Anticoagulant	☐	Upon Thawing	☐
RBC Pheresis	☐	Needle	☐	During Processing	☐
Freezing Bag	☐	Packaging	☐	During Filtration	☐
Other	☐	Broken cannula	☐	Other	☐
		Other	☐		☐

(Circle Defect if collection container)



Comments: _____

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Response from Manufacturer and/or Action Taken: _____

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Quality Review: _____ Date: _____

MEDIC Regional Blood Center
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Knoxville, TN 37921