Shared health Soins communs Manitoba	Shared Health Customer Feedback Form		Document # F160-INV-23
			Version # 03
	Approved By: Dr. Charles Musuka *signature on file*	Effective Date 20-MAY-2021	Source Document: Shared Health Transfusion Medicine Manual

Contact Information (Receiving Site)	Shared Health TM Office Use Only
Name:	Date Received:
Position:	Received By:
Facility:	

Please provide as much information as possible including unit/lot numbers and supporting documents

Date Received:	Date Occurred (if different):
Shared Health Facility Involved in Occurrence:	
Discussed with: _____ (if applicable) date/time: _____	

Blood, Blood Component or Plasma Protein Product type:

□ Red Cells □ Platelet □ FFP □ Cryosupernatant Plasma
□ Cryoprecipitate □ Plasma Protein Product □ Other

Product Quality	Product Delivery	Service Delivery
□ Hemolyzed □ Lipemic/Icteric □ Damaged/broken pack □ Less than 4 segments* □ DAT positive □ Illegible date □ Incomplete order received □ Incorrect order received	□ Packing slip incorrect □ Product tag incorrect □ Patient report incorrect □ Incorrect packaging □ No security seal □ Temperature upon receipt _____°	□ Communication problem □ Delivery delay

Description:

**only if site is required to perform donor confirmation; otherwise, 2-3 segments is sufficient for stock emergency or patient-specific units received*

Date Faxed to Shared Health TM Office 204 235 3768: _____

Date Faxed to Shipping Site: _____