Contact Information (Receiving Site)	DSM 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):
DSM Facility Involved in Occurrence:	
Discussed with _____ at _____ on _____(if applicable)	
Blood, Blood Component or Derivatives Type: □RBC □Platelets □FFP □Cryosupernatant Plasma □Cryoprecipitate □Derivatives □Other:_____	

Product Quality	Product Delivery	Service Delivery
Type: □ Hemolyzed □ Lipemic/Icteric □ Damaged/Broken Pack □ < 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:		

Date Faxed: _____ (DSM TM Office (204) 235-3768)
Date Faxed: _____ (Shipping Site)