

EXCEPTIONAL RELEASE OF NON-CONFORMING PLATELET COMPONENT

REASON FOR ISSUE: to clarify responsibilities and to change 'comments' in section two to 'clinical justification'

Donation / Pool Number :	Component:
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SECTION ONE: TO BE COMPLETED BY REQUESTING BLOOD PROCESSING DEPARTMENT

This section is intended to record the initiation of and justification for the request.

Department:	Date:
Name:	Signature:
Reason for request:	

SECTION TWO: TO BE COMPLETED BY LOCAL NZBS TMS / MO

Name of Treating Clinician:	
Contact No.:	Hospital:
Patient Name :	
NHI:	Date Required:
Clinical Justification:	

I have advised the treating clinician whose name is recorded above, of the risks associated with the use of the non-conforming product. I have also advised and discussed with the treating clinician the known alternative treatment options available for his/her patient.

I have confirmed that the treating clinician understands that non-conforming products are supplied by NZBS in urgent clinical situations only, and confirmed that such a situation exists for the patient.

I have confirmed the treating clinicians' consent to use the NCP for his/her patient and that the requirement to gain consent for its use from the patient or next of kin is a clinical responsibility.

I have authorised the exceptional release of the non-conforming product. **YES / NO**

Name: _____

Signed: _____ Date: _____

SECTION THREE: TO BE COMPLETED BY BLOOD PROCESSING

Component Released:	Date:	Initial:
Expiry Date Amended to:	Depot Moved to: <i>(hospital)</i>	
Completed Results:	Date:	Initial:
<ul style="list-style-type: none"> • Attach a copy of the completed results • Forward to TMS / MO upon completion of all results. • If results are reactive / positive forward to TMS / MO without delay 		
Exceptional release recorded on 150F089 Release of Non-Conforming Products Register <input type="radio"/> tick		

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SECTION FOUR: TO BE COMPLETED BY BLOOD BANK

Transfusion of Component:	
Patient Name :	
NHI:	Date Transfused:
<ul style="list-style-type: none"> • Scan the completed form back to the originating Blood Processing department • If the component is not transfused to the patient recorded in Section Three, return the non-conforming component to the originating Blood Processing department. 	

SECTION FIVE: REVIEW BY AREA MANAGER

Date:	
Name:	Signature:
Comments:	
<i>Scan and email completed form to jillian.sinden@nzblood.co.nz</i>	