

# Product Return Form



Please contact your local Canadian Blood Services distribution department prior to returning any Blood Components or Plasma Protein and Related Products (PPRP).

Returning Facility will complete Sections I, II and if required Section III. Additional Instructions on back

SECTION I	
Returning Facility Name: _____	Facility Contact (print name): _____
CBS Contact (print name): _____	CBS Contact Phone # (optional): _____
Reason for Return: _____	

SECTION II			
Donation / Pool / Lot Number	Product Type/Name	Component Code or PPRP Quantity	Comments (optional)
Packing Configuration: <input type="checkbox"/> N/A (return not for re-issue) OR <input type="checkbox"/> Canadian Blood Services OR <input type="checkbox"/> Facility (include maximum allowable transit time, as per qualification): _____			
Product packed for return: _____			
Initials	Date (yyyy/mm/dd)	Time (hh:mm)	

SECTION III: Attestation			
By signing below, the Returning Facility is verifying that, the blood component(s) / Plasma Protein and Related Products			
<ol style="list-style-type: none"> <li>1. have been stored and handled, at all times while in Returning Facility's custody and care, in accordance with applicable manufacturer's instructions / temperature specifications. In addition, platelets have been stored under continuous agitation.</li> <li>2. have not been adulterated, marked, used, damaged or otherwise tampered with in any way.</li> <li>3. will be packaged and transported in accordance with applicable manufacturer's instructions/temperature specifications and applicable provincial and federal law.</li> </ol>			
Supervisor or Manager: _____	Name _____	Title _____	Signature _____ Date (yyyy/mm/dd) _____

**Section IV and V are for Canadian Blood Services use only**

SECTION IV			
Comments: _____			
Received by: _____		SAP Customer Return Order #: or N/A <input type="checkbox"/>	
Initials	Date	Time	
SECTION V: QA Approval (see below) or Not Required <input type="checkbox"/>			
QA Approved for return to inventory or re-issue Yes <input type="checkbox"/> No <input type="checkbox"/>			
Signature		Date	

Confidential

Page 1 of 2

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## INFORMATION FOR HOSPITALS/FACILITIES

1. Prior to returning any Plasma Protein and Related Products or blood components, communication must have occurred with your local Canadian Blood Services distribution site.
2. If at any time during the return process you are unsure what activities or documentation may be required, contact your local Canadian Blood Services distribution site for assistance.
3. A *Product Return* form is required:
  - o When return will be “re-issued” blood components that are returned for washing, irradiation or freezing (rare RBCs).
  - o When return will be “re-issued” blood components /Plasma Protein and Related Products that could be re-distributed to another hospital/facility for transfusion purposes.
  - o For ALL Plasma Protein and Related Products returns (*this includes the return of unacceptable product, e.g. damaged, recalled etc.*).  
*NOTE: Product Return Form is NOT required if returning blood components unacceptable for transfusion*

When returning for “re-issue”:

  - o Complete Section III
  - o If using a transport system/packing configuration specific to your facility, the transport system must be qualified and you must provide the maximum allowable transit time, as per your qualification, e.g. 24 hours
  - o If using CBS transport system/packing, contact CBS for information regarding CBS packing configuration if assistance is required.
4. The shipping container must be sealed with a tamper indication device for security.
5. If Plasma Protein and Related Products and blood components are being returned at the same time, the two should be on separate forms.
6. Examples of how to complete Section II are included below. (For a returned blood component, the component code can be found on the component label.)

### Example: Blood Component Return

Section II			
Donation / Pool / Lot Number	Product Type/Name	Component Code or PPRP Quantity	Comments
C0533 13 123456 20 X	Red Blood Cell	E06050V00	

### Example: Plasma Protein and Related Products Return

SECTION II			
Donation / Pool / Lot Number	Product Type/Name	Component Code or PPRP Quantity	Comments
1000105042	Albumin Alburex 25% 50ml	12	