

«TSD»
«TSD_Title»
«Hospital_Name»
«Street»
«Street_2»
«City_State_Zip»

**MARKET WITHDRAWAL FOR POST DONATION INFORMATION
XXXXXXX RISK**

Dear «TSD_Salutation_1»:

This letter is in regard to the unit(s) listed below which was/were distributed to your hospital on the indicated date(s). The donor recently informed us **detail of post donation information**..... Had this information been given at the time of the donation, the donor would have been deferred from donating blood for community transfusion. **CHOOSE ONE: There were __ donations prior to the indicated event. There were __ donations since the affected donation that yielded this product, all with negative infectious disease testing results. / The donor has not donated since donation that yielded this product.** Optional: any further required information regarding risk.

We are required to notify you of this new information regarding the eligibility of the donor. Please be assured that the component was tested for all routine viral markers prior to distribution and found to be negative. Optional: any specific information regarding risk. We consider this to be of **negligible, minimal, moderate, high risk**. However, the determination of the patient safety implications, if any, must be made by the Transfusion Service Director and/or the recipient's physician.

Since this incident may need to be reported to the Food and Drug Administration, it is necessary to know the final disposition of the involved donation(s). Please complete the form below and return by fax to Medical Surveillance at (909) 386-6817 as soon as possible. **If the component has not been transfused, please quarantine it immediately and return it to the blood center as soon as possible.**

If you have questions regarding this matter, please do not hesitate to contact me or Medical Surveillance at 1-800-879-4484 or (909) 885-6503, extension 655.

Sincerely yours,

COMPONENT FINAL DISPOSITION. *Please complete final disposition and fax to Medical Surveillance.*

Completed by: _____

Date: _____

«HOSPITAL_NAME»



**COMPONENT FOLLOW-UP
FOR POST DONATION INFORMATION**

DONOR ID: _____

ORGANIZATIONAL TRACKING #: _____

Reviewed by/Date	Date Mailed	Date Returned	Hospital	Unit Number	ABO Type	Date Drawn	Product	Date Shipped	Final Disposition	Date of Final Disposition

To be completed by Medical Surveillance