**Plasma Supplier Information** *(no handwriting please!):*

|  |  |  |
| --- | --- | --- |
| **Center Code** (J####)**+ Name of Center**as it appears on the shipment documentation |  | **Internal Case #** (YYYY+ 3digit number): |
| **Date of Notification** *(dd.mm.yy)* |  |
| **Date of LB/PDI discovery** *(dd.mm.yy)* |  |
| **Contact Person** |  | **Email Address** |  |

|  |  |
| --- | --- |
| **1) Donor Number** | **n.a.** |
| **2) Donation Number that causes the LB or PDI** |  | **Ad 2) Bleed Date** *(dd.mm.yy)* |  |
| **3) Donation Number of the last negative donation** |  | **Ad 3) Bleed Date** *(dd.mm.yy)* |  |

|  |
| --- |
| **4) Reason for Post Donation Information or Look Back (describe as accurate and detailed as possible, do not use internal abbreviations):**       |

**5) Confirmatory Testing:** [ ]  yes, confirmatory testing has been initiated, test result will be reported on form 2 (⇨Please use Form 2 for follow up!)

 [ ]  yes, test result is already available and is: [ ]  positive [ ]  indeterminate [ ]  negative

6) The following donations of this donor were shipped to Octapharma

(time period as defined in current QAA and related amendments; please include last negative tested donation, if shipped to Octapharma):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Donation Number** *(start with the most recent donation)* | Blood Type (i.a.) | Bleed Date (dd.mm.yy) | Box # | Shipment # |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**If you do not receive an auto reply-receipt confirmation in response to your email within one day, please re-send notification by e-mail and fax**

**(+41 1 610 32 9133).**

**Responsible Person Signature:***(date)*