**Name and Address of Plasma Supplier**

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**1) Please fill in:**

|  |  |  |
| --- | --- | --- |
| **Incident number #**  **or consecutive number (YYYY+three digit number)** | Date of deviation discovery (mm.dd.yy) | **Type of plasma** (please mark): |
|  |  | |  |  | | --- | --- | | **Source** | **Recovered** | |  |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Donation number** | **Bleeding date** | Box number | **Delivery number** | Bill of Lading |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**2) Deviation description:**

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**3) Investigation Results / Root Cause:**

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|  |

**4) Corrective and preventive actions (CAPA):** Pending   **//** attachments  yes  no

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| --- |
|  |

**5) Reporting Information:**

|  |  |
| --- | --- |
| Reporting Date (mm.dd.yy): |  |
| Reported by: (name, position): |  |
| Fax No.: |  |
| E-mail Address: |  |

**Please send the form to:** [**deviations@octapharma.com**](mailto:deviations@octapharma.com)

**(If you do not receive an auto reply - receipt confirmation within one day, please re-send notification by e-mail and**

**fax: 011 – 43 1 610 32 9314)**

***\* For Octapharma cQMP internal use only***

1. cQMP internal number:
2. Reviewed by cQMP/QAP Vienna:

(date: dd.MMM.yyyy, initials)

cQMP/QAP comments (when applicable):

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| --- |
|  |

1. CAPA acceptable/closed: yes 🞎 no 🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_

(date: dd.MMM.yyyy, signature)