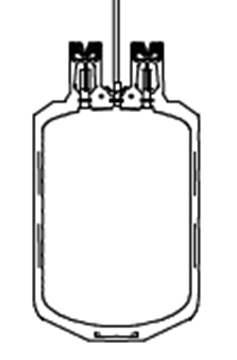
If a product arrives damaged, is found to be faulty, or if you are unsure if the product is fit to use **please call** Pet Blood Bank UK within **24 hours** of receipt or discovery to inform us of the issue. After notifying us, please complete and return this form electronically to [customersupport@petbloodbanuk.org](mailto:customersupport@petbloodbanuk.org). If requested, please also return the product to us for investigation.

Please note, blood products must be returned using the original packaging and packaged in the same manner as received i.e. in a plastic zip lock bag to prevent leakage.

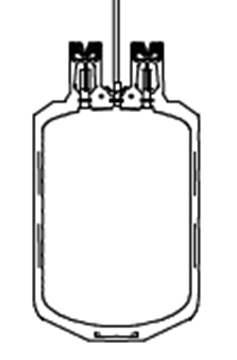
|  |  |
| --- | --- |
| Account name: | |
| Account number: | |
| Address:  Postcode: | |
| Phone: | |
| Email: | |
| Contact name and position: | |
| Product name: | Unit ID number or batch/serial number:  Expiry date: |
| Date ordered: | Date received: |
| Date fault/damage identified: | |
| Date notified Pet Blood Bank UK and contact name: | |
| Brief description of issue/fault/damage:  *Include acceptance and storage information and copy of temperature monitoring records (for blood products)*  **If blood product, please mark on images on page two where the fault/damage is located** | |
| Date product/blood bag and form sent to Pet Blood Bank:  Acceptance and storage information supplied: Yes/No  Temperature monitoring records supplied: Yes/No  Photos showing issue supplied: Yes/No | |
| Signed: | |
| Print name: | |

**Please mark/circle on the diagram below areas where damage/fault has been identified**

Blood bag front



Blood bag back



**This part of the form is to be completed by Pet Blood Bank UK staff**

|  |  |
| --- | --- |
| Date received by PBBUK: | Received by (insert staff name): |
| Date passed to Laboratory for assessment: | |
| Product assessment (for damaged blood bags, please mark using red, areas of damage on diagram of form) | |
| Manufacturer/supplier name:  Date notified (where applicable):  Communication/outcome: | |
| Product outcome (include discard information where required):  Credit account holder: Yes/No Product replacement required: Yes/No  Other:  PBB staff name: | |
| Date customer notified of decision: Method of notification: Telephone/email  Name of person notified:  Date Orderwise updated: Date credit note issued (if required):  Date replacement product dispatched (if required):  PBB staff name: | |
| Non-conformance completed: Yes/No  Non-conformance reference number (if required): | |
| Date closed:  Signed:  PBB Laboratory Manager: | |