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. 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/NoPhotos 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/NoOther: 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: |