

BROKEN PRODUCT RETURN FORM

FLORIDA'S BLOOD CENTERS, INC., ORLANDO, FL 32819

Please complete this Broken Product Return Form when requesting a credit. This will assist us in investigating and resolving breakage issues. Please attach this form with your final disposition report or with the Product Return Record Form. Thank you for your cooperation.

Hospital _____ Unit Number _____

Type _____ Rh _____ Expiration Date _____

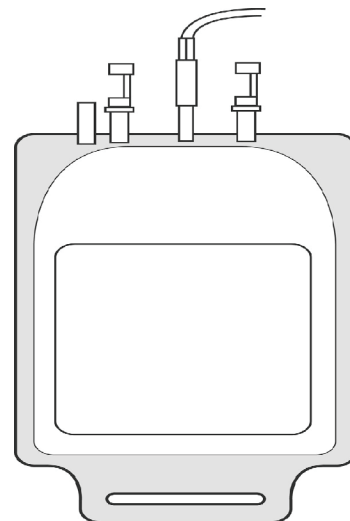
If Known: Bag Manufacturer: _____ Lot #: _____

Please place an (X) in the appropriate box:

Product	X	Location of Defect	X	Discovered	X
FFP/FP24		SEGMENT		During unpacking	
CRYO		SEGMENT SEAL		During Thawing	
PPCRYO		JOINT BETWEEN BAG AND SEGMENT		Other	
CRPLAS		JOINT BETWEEN BAG & CANNULA PORT			
RBC'S		BAG SURFACE AT FOLD			
FROZEN RBC's		PIN HOLE IN BAG			
PLATELETS		SEAM OF BAG			
OTHER					

Please do not return product unless requested:

Please circle area of defect:



Completed by: _____ Date: _____