

Intravenous Immunoglobulin Details <small>To be completed from the product label upon receipt</small>					Patient Details <small>To be completed when product is received or issued</small>		Product Fate <small>To be completed anytime product is REMOVED from or RETURNED to fridge.</small>									
Date		Product Name			Surname		Issue No.	Date	Time	Ward	Fate Code (Circle)				Sign and Print Name	
Time		Expiry			First Name						RTS	RTF	DAM	EXP	IS	
Path Lab (Circle)	SA Path	Abbott	AustClinLabs	Clinpath	DOB		1				RTS	RTF	DAM	EXP	IS	
Batch Number		Dose/Size			MRN		2				RTS	RTF	DAM	EXP	IS	
Print and Sign					Left Intentionally Blank						RTS	RTF	DAM	EXP	IS	
Date		Product Name			Surname		Issue No.	Date	Time	Ward	Fate Code (Circle)				Sign and Print Name	
Time		Expiry			First Name						RTS	RTF	DAM	EXP	IS	
Path Lab (Circle)	SA Path	Abbott	AustClinLabs	Clinpath	DOB		1				RTS	RTF	DAM	EXP	IS	
Batch Number		Dose/Size			MRN		2				RTS	RTF	DAM	EXP	IS	
Print and Sign					Left Intentionally Blank						RTS	RTF	DAM	EXP	IS	
Date		Product Name			Surname		Issue No.	Date	Time	Ward	Fate Code (Circle)				Sign and Print Name	
Time		Expiry			First Name						RTS	RTF	DAM	EXP	IS	
Path Lab (Circle)	SA Path	Abbott	AustClinLabs	Clinpath	DOB		1				RTS	RTF	DAM	EXP	IS	
Batch Number		Dose/Size			MRN		2				RTS	RTF	DAM	EXP	IS	
Print and Sign					Left Intentionally Blank						RTS	RTF	DAM	EXP	IS	
Date		Product Name			Surname		Issue No.	Date	Time	Ward	Fate Code (Circle)				Sign and Print Name	
Time		Expiry			First Name						RTS	RTF	DAM	EXP	IS	
Path Lab (Circle)	SA Path	Abbott	AustClinLabs	Clinpath	DOB		1				RTS	RTF	DAM	EXP	IS	
Batch Number		Dose/Size			MRN		2				RTS	RTF	DAM	EXP	IS	
Print and Sign					Left Intentionally Blank						RTS	RTF	DAM	EXP	IS	
Problem Log: Record all problems, on reverse of this page. Must include dates, corrective actions and incident number. Problem logged () tick, see details over page.							Fate Code: Ward: Enter ward name / number, RTS: Return to Supplier, RTF: Return to Fridge, DAM: Damaged, EXP: Expired, IS: Incorrect Storage									
IVIg must be stored at 2°C - 6 °C in an approved blood fridge or vaccine fridge. IVIg is provided on a named patient basis. If product is no longer required please contact your Transfusion Service Laboratory Intravenous Immunoglobulin (IVIg) South Australian Public Hospitals Retention Disposal Schedule require this form to be archived and stored for 20 years by the health unit							Hospital Quality Delegate Review									
							Site Name:									
							Print Name:									
							Sign:				Designation:					
							Contact No:									