



To be com		D Deta	nils label upon rec	eipt	Patient Details  To be completed when product is received or issued		Product Fate  To be completed anytime product is REMOVED from or RETURNED to fridge.				
Date		Manufac	cturer		Surname		<u>s</u> 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	AustClinLab	Clinpath	DOB					RTS RTF DAM EXP IS	
Batch Number			Dose	250iu	MRN					RTS RTF DAM EXP IS	
Print and Sign				625iu		Left Blank Intentionally	2			RTS RTF DAM EXP IS	
Date		Manufacturer			Surname		Date	Time	Ward	Fate Code (Circle) Sign and Print Name	
Time		Expiry			First Name		1			RTS RTF DAM EXP IS	
Path Lab (Circle)	SA Path	Abbott	AustClinLab	Clinpath	DOB					RTS RTF DAM EXP IS	
Batch Number			Dose	250iu	MRN					RTS RTF DAM EXP IS	
Print and Sign	6			625iu		Left Blank Intentionally	2			RTS RTF DAM EXP IS	
Date		Manufacturer			Surname		Date	Time	Ward	Fate Code (Circle) Sign and Print Name	
Time		Expiry			First Name		1			RTS RTF DAM EXP IS	
Path Lab (Circle)	SA Path	Abbott	AustClinLab	Clinpath	DOB					RTS RTF DAM EXP IS	
Batch Number	lumber			250iu	MRN		2			RTS RTF DAM EXP IS	
Print and Sign				625iu		Left Blank Intentionally	2			RTS RTF DAM EXP IS	
Date		Manufacturer			Surname		Date	Time	Ward	Fate Code (Circle) Sign and Print Name	
Time		Expiry			First Name		1			RTS RTF DAM EXP IS	
Path Lab (Circle)	SA Path	Abbott	AustClinLab	Clinpath	DOB					RTS RTF DAM EXP IS	
Batch Number			Dose	250iu	MRN		2			RTS RTF DAM EXP IS	
Print and Sign 625iu			625iu		Left Blank Intentionally	2			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 Fried DAM: Damaged, EXP: Expired, IS: Incorrect Storage											
Anti-D Immunoglobulins must be stored at 2°C - 6 °C in an approved blood fridge or vaccine fridge. Contact Transfusion Service Laboratory  Hospital Quality Delegate Review								Hospital Quality Delegate Review			
three (3) months prior to expiry for stock rotation.									-	Site Name:	
Anti-D Immunoglobulin										Print Name:	
Anti-D ininianogiobalin									Sign: Designation:		
South Australian Public Hospitals Retention Disposal Schedule require this form to be archived and stored for 20 years by the health unit									Contact No:		