
Periodic Abbreviated Quality Review for Prehospital Transfusion Clients

Site Name: _____

Address: _____

Site Contact Person: _____ Phone: _____

Email: _____

Instructions:

Please provide documents or information based on the questions below.

1. Provide temperature logs for transport and storage equipment for the dates between ____/____/____ and ____/____/____.

Comments: _____

2. Have there been any temperature deviations in storage equipment in the last year that could affect the safety, purity, or potency of the blood products?

Yes No

If yes, please explain: (Attach a separate sheet if necessary)

3. Provide annual metrics report (Number of whole blood units transfused.)

To be completed by GCB staff only (additional sheets may be added)

Non-Conformities:

Note to client: All non-conformities require a written response and may require completion of a corrective action plan and may be subject to additional reviews. CAPA response time is 5 business days. Blood services may be paused depending on severity of the non-conformity.

Comments: _____

Observations:

May require corrective actions.

Quality Review Acceptable? Yes No (If no, reschedule Quality Re-Review date: _____)

PMQC designee signature: _____ **Date:** _____

Based on the information stated in this review, Quality Assurance agrees that the above-listed facility has provided clear evidence that the blood products in their stewardship are managed appropriately to maintain their purity, potency, and safety.

QA Designee: _____ **Date:** _____