

Quality Assurance Exception Report

Atrium Health Wake Forest Baptist	DOCUMENT TYPE: <input checked="" type="checkbox"/> Form	ORIGIN DATE IN TITLE 21 6/3/2020
CLIA Lab Director: Gregory Pomper, MD	LAB DEPARTMENT: Blood Bank	CONTACT: Blood Bank

Situation: *(Who / what was involved. Make copies or screen prints of pertinent information.)*

Date/Time of Occurrence: 3/2/23 AFTER 1800	Location: BLOOD BANK												
Patient Name: CAMPBELL, BRENDA	MRN: 3448010												
Unit #(s): W201223834740 E8342													
Reported To: BB													
Category of Event:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Unit Issue</td> <td style="width: 25%;">Blood Wastage</td> <td style="width: 25%;">Specimen Error</td> <td style="width: 25%;"></td> </tr> <tr> <td>Tech Error</td> <td>Trauma Issue</td> <td>Wake One</td> <td></td> </tr> <tr> <td>WBIT</td> <td>Air Care</td> <td>Other</td> <td></td> </tr> </table>	Unit Issue	Blood Wastage	Specimen Error		Tech Error	Trauma Issue	Wake One		WBIT	Air Care	Other	
	Unit Issue	Blood Wastage	Specimen Error										
	Tech Error	Trauma Issue	Wake One										
	WBIT	Air Care	Other										

Background: *(Briefly state the pertinent history. What got us to this point?)*

UNIT FOUND IN BF 3 WHEN MOVING AROUND BIOFRIDGES TODAY. UNIT EXPIRED 3/2/23. UNIT ISSUED TO CAMPBELL, BRENDA MRN 3448010 AT 1800 ON EMR. UNIT MUST HAVE BEEN BROUGHT BACK IN BF BUT NOT REMOVED AND RETURNED TO INVENTORY. UNIT LABEL AND UNIT HISTORY REPORT ATTACHED TO QA. Unit has been discarded and returned to inventory in SCC and will be physically discarded as well.

Assessment: *(Summarize the facts and give your best assessment.)*

Recommendation: *(What actions are you asking for?)*

Corrective Action Taken by Staff:

QA Completed by/Date Time: KP 4/9/23 1621

Additional Action taken by Management / Medical Director:	Action	YES	NO	Initials
	CAPA Initiated			
	FDA Reportable			
	Procedure			
	RL6			

Management Review:	
Medical Director Review: (if required)	
Monthly Management Review:	

Date:	
Date:	
Date:	

Units History

Units Received from: to:

Selected Product codes: all
Selected Source codes: all
Selected Collection ctr. codes: all
Selected Discard codes: all

Unit#: W201223834740 PL E8342 O POS Vol:343 ml Expires: 03/02/23
Status: Transfused Site: WFBMC

Received:
APL;L,PASC;PR;2 PL_E8342 (PL) 02/27/23 04:09
by Mendez,Ysabelle (YIM)
Original #: W201223834740 Source: American Red Cross (ARC)
Invoice # : 0935012242320 Collected: 02/25/23 : to be returned:
Collection ctr: ARC Carolinas Region (W2012)
Temperature: Condition: S Visual Inspection Passed

Label status:

Attributes:

Irradiated (IRR) Yes by Setup
Leukoreduced (LR) Yes by Setup
Pathogen Reduced (Psoralen) (PR) Yes by Setup
CMV Negative (CMV) Yes 02/27/23 04:10 by YIM
Plt ct 3.8 (3.8) Yes 02/27/23 04:10 by YIM

Selected:

Order#: 870106881 03/01/23 15:13 by (2534) WRIGHT D.
for: CAMPBELL, BRENDA H. MR#:3448010

Surgical: 35

Emerg. Issued: 03/01/23 18:00 by ●●● to 7NT
received: Ashton Bowers cond.: EMR
Transfused from: 03/01/23 18:00 by
to: : by
Surgery: reaction:

Unit#: W201223834740 PL E8341 O POS Vol:333 ml Expires: 03/02/23
Status: Transfused Site: WFBMC

Received:
APL;L,PASC;PR,1 PL_E8341 (PL) 02/27/23 04:09
by Mendez,Ysabelle (YIM)
Original #: W201223834740 Source: American Red Cross (ARC)
Invoice # : 0935012242320 Collected: 02/25/23 : to be returned:
Collection ctr: ARC Carolinas Region (W2012)
Temperature: Condition: S Visual Inspection Passed

Label status:

Attributes:

Irradiated (IRR) Yes by Setup

Unit History - Unit#: W201223834740 O POS

Leukoreduced	(LR)	Yes		by Setup
Pathogen Reduced (Psoralen)	(PR)	Yes		by Setup
CMV Negative	(CMV)	Yes	02/27/23 04:10	by YIM
Plt ct 3.7	(3.7)	Yes	02/27/23 04:10	by YIM

Selected:

Order#: 870203000 03/02/23 09:52 by (BHARU) BHAVE R.
 for: WHITAKER, RICHARD B. MR#:2340207

Surgical:

Selected: 03/02/23 10:02 by ●●●●
 Issued: 03/02/23 10:21 by ●●●● to 261

Transfused from: 03/02/23 10:21 by received: HORTON cond.: S
 to: : by
 Surgery: reaction:



Washington, DC 20006
 FDA Registration Number 1073007

Properly identify intended recipient
 See Circular of information for indications,
 contraindications, cautions and methods of infusion.
 This product may transmit infectious agents.

Rx Only
VOLUNTEER DONOR



**APHERESIS
 PLATELETS**
 PAS - C ADDED
 LEUKOCYTES REDUCED
 PSORALEN - TREATED

343 mL containing approx _____ mL ACD - A
 Contains approx 65% PAS/ 35% Plasma
 Store at 20 to 24 C
 2ND CONTAINER



O
Rh POSITIVE



Expiration Date

2 MAR 2023



CMV antibody negative