

**New Jersey Department of Health
Clinical Laboratory Improvement Service
PO Box 361
Trenton, NJ 08625-0361
ERROR / ACCIDENT REPORT**

INSTRUCTIONS:

1. Pursuant to N.J.A.C. 8:8-5.2, blood banks must report to the Department the occurrence of errors and accidents described at N.J.A.C. 8:8-4.4 within 15 working days of recognition of the error, using this form.
2. Keep a copy for your records and forward the original report to the above address. If more space is needed, attach additional sheets.
3. If there are any questions, contact the Blood Bank unit at (609) 718-8084.

Name of Blood Bank		Telephone Number
Name of Person Completing the Form		Telephone Number
Date of Error	Date Error Detected	
<p>Type of Error</p> <p><input type="checkbox"/> Infectious Disease Testing, Specify Test: _____</p> <p style="margin-left: 40px;"><input type="checkbox"/> Improperly Tested</p> <p style="margin-left: 40px;"><input type="checkbox"/> Not Tested</p> <p style="margin-left: 40px;"><input type="checkbox"/> Properly Tested but Improperly Interpreted or Labeled</p> <p><input type="checkbox"/> ABO, Specify: _____</p> <p><input type="checkbox"/> Permanent Deferral, Specify: _____</p> <p><input type="checkbox"/> Confidential Unit Exclusion</p> <p><input type="checkbox"/> Transfusion-Related Septicemia</p> <p><input type="checkbox"/> Other, Specify: _____</p>		

ERROR / ACCIDENT REPORT, Continued

Name of Blood Bank	
Donation Number (s)	
Components Prepared from each Donation Number	
Components Transfused (List by Number)	
Successful Recall(s) (List by Number)	
Describe the Error	
Describe Corrective Action(s) taken to prevent error from recurring.	
Name of Blood Bank Director (Print)	
Signature of Blood Bank Director	Date Reported

Forward completed Report to address listed above; retain a copy for your records