**Hospital Name (Hospital to which the compliance report refers)**

**Town / City**

**Post Code**

|  |  |
| --- | --- |
| **Distribution of blood components**  ***References: BSQR (SI 2005 No.50) Regulation 9 (1) h***  ***Directive 2005/62 Annex, section 7*** | |
| To whom do you distribute blood components?  *(Distribution records should include the names and addresses of any community hospitals, hospices and satellite units supplied. Transport conditions should include details regarding the maintenance of required temperatures during transportation. Details of the management of any remote storage locations should also be included).*  *Please reproduce extra pages for other sites supplied* | |
| Site : |  |
| Contact : |  |
| Address : |  |
| Scope of service provided by supplying Bank (please tick):  Patient ABO/Rh Group & antibody screen / ID  Crossmatching   SABRE reporting  Maintenance and Calibration  Traceability records  Does the supplied site have a fridge, freezer or platelet incubator for the storage of blood components? YES  NO    Is this site in the same legal entity (e.g. NHS Trust) as the supplying Blood Bank?  YES  NO  Is there a service level agreement / technical agreement in place to describe the responsibility for these functions? YES  NO  Does the service level agreement / technical agreement detail the requirement for the facility to comply with the Blood Safety and Quality Regulations 2005 (as amended) in terms of storage (where relevant), SABRE reporting and traceability?  YES  NO | |