

## CUSTOMER INCIDENT

It is our goal to continuously meet and exceed your expectations. In the event that this does not occur, please use this form to report any incident affecting product and/or service quality. Details may include the accuracy of your order, timeliness of delivery, unmet expectations or other events affecting service or the safety, potency and purity of our products. Thank you for giving us the opportunity to serve you better.

<p style="text-align: center;"><b><u>Incident Detection:</u></b></p> <p>Date: _____ Time: _____</p> <p>Facility: _____</p> <p>Reported By: _____</p>	<p style="text-align: center;"><b>Please check (✓) one:</b></p> <p>_____ Detected pre-transfusion</p> <p>_____ Detected post-transfusion</p>
<p><b><u>Product Information</u></b> (if applicable):</p> <p>Product: _____</p> <p>Unit Number(s): _____</p> <p>Shipment/Pack List Number(s): _____</p>	
<p><b><u>Details of Incident:</u></b></p>          	
<p><b><u>For Internal Use Only:</u></b></p> <p>Date Received: _____ Reference Number: _____</p>	

**Please mail, fax, or email to:**

Carter BloodCare  
 Attn: Hospital Relations  
 2205 Highway 121  
 Bedford, TX 76021  
 Fax: (817) 412-5991  
 Email: [hospitalrelations@carterbloodcare.org](mailto:hospitalrelations@carterbloodcare.org)