Recall Reason Information for Hospitals

Copy No:

Recall Reason	Information	Action If Recalled Unit Transfused	Follow up from NHSBT if transfused
Bacterial Screening	A sample from platelet units are monitored for bacteria during their shelf life. When there is an alert after the platelets (or associated components) have been issued, confirmatory tests are performed (may take up to 4 weeks). Most alerts are false positives or clinically insignificant bacteria.	Monitor patient for up to 24 hours. If no adverse reaction occurred, no further action is required. If suspected transfusion reaction, discuss with local haematologist who can contact an NHSBT consultant via your local Hospital Services Department.	Letter sent to Transfusion Laboratory following confirmatory results, usually within 4 weeks. Recall event can be closed once letter has been received. **NB:** Confirmatory testing will not provide information in a timeframe that is useful for the management of the patient.
Transfusion Reaction	If a patient had an acute transfusion reaction e.g. TRALI or bacterial contamination, other patients may be at risk from components from the same donation. Hospitals are asked to contact NHSBT immediately so that associated units can be recalled.	Monitor patient for up to 24 hours. If no adverse reaction occurred, no further action required. If suspected transfusion reaction, discuss with local haematologist who can contact an NHSBT consultant via your local Hospital Services Department.	Letter sent to Transfusion Laboratory following completion of investigation. If suspected bacterial infection, the letter will usually be within 4 weeks. A suspected TRALI may take longer. Recall event can be closed once letter has been received. **NB:** Confirmatory testing will not provide information in a timeframe that is useful for the management of the patient.
Donor Information	Additional information provided by donors post donation e.g. flu, sickness, infection, travel. These events are usually extremely low risk to the patient.	None.	None, recall event can be closed. **NB:** Rarely, NHSBT Clinical Support Team will contact when further action is required.
Microbiology Reactive	If a donation tests positive for mandatory testing, MHRA requires a recall of in-date components from the previous donation. This is a precaution while the current donation is sent for confirmatory testing. The majority of these investigations do not confirm an infected donation.	None.	None, recall event can be closed. **NB:** Rarely, NHSBT Clinical Transfusion Microbiology Team will contact when further action is required.

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Transfusion Microbiology Lookback	Possible post transfusion-transmitted (non-bacterial) infection has been reported to NHSBT from a hospital. A lookback exercise is performed to identify implicated donations.	None.	None, recall event can be closed. **NB:** Rarely, NHSBT Clinical Transfusion Microbiology Team will contact when further action is required.
Quality Defect	Non compliance with NHSBT quality system.	None.	None, recall event can be closed. **NB:** Rarely, NHSBT Quality Assurance Department will contact when further action is required.
Non UK Plasma	Non UK plasma supplier recalls the unit.	None.	None, recall event can be closed. **NB:** Rarely, NHSBT Quality Assurance Department will contact when further action is required.
Visual Abnormality (NBL)	Visually abnormal units suspected of bacterial contamination are returned for investigation to the National Bacteriology Laboratory within NHSBT. Any associated components are recalled to prevent transfusion.	Monitor patient for up to 24 hours. If no adverse reaction occurred, no further action required.If suspected transfusion reaction, discuss with local haematologist who can contact an NHSBT consultant via your local Hospital Services Department.	Letter sent to Transfusion Laboratory following inspection and/or confirmatory results within 4 weeks. Recall event can be closed once letter has been received.
Visual Abnormality (Other)	Other visual abnormal units not suspected of bacterial contamination are returned for investigation within NHSBT.	None.	Letter sent to Transfusion Laboratory following inspection 4 weeks. Recall event can be closed once letter has been received.