

ORGAN DONATION AND TRANSPLANTATION SERVICES



IF YOU REQUIRE ACCESS TO HOSPITAL CUSTOMER FEEDBACK FORM IN AN ACCESSIBLE FORMAT PLEASE CONTACT CTR CUSTOMER SUPPORT AT 1-855-274-2889.

CUSTOMER CONTACT INFORMATION	
NAME:	PHONE NUMBER:
POSITION:	EMAIL:
INSTITUTION:	
COUNTRY:	

FEEDBACK DESCRIPTION		
DATE DISCOVERED		DATE OCCURRED:
PRODUCT TYPE: <input type="checkbox"/> Other issue, product not involved		
NATIONAL PROGRAM ASSOCIATED WITH INCIDENT:		
INCIDENT LOCATION (s):		
FEEDBACK CATEGORY:		
<input type="checkbox"/> CTR	<input type="checkbox"/> HSP:	<input type="checkbox"/> HLA Typing:
<input type="checkbox"/> KPD	<input type="checkbox"/> National Organ Waitlist	<input type="checkbox"/> Surgery
<input type="checkbox"/> Packaging	<input type="checkbox"/> Deceased/Living Donor	<input type="checkbox"/> Labelling
<input type="checkbox"/> Organ Quality	<input type="checkbox"/> Delivery	

EVENT DETAILS: Please provide a description of the incident:

PLEASE EMAIL OR FAX THE COMPLETED FORM AND SUPPORTING DOCUMENTS TO THE LOCATION IN YOUR REGION (SEE PAGE 2)

HOSPITAL CUSTOMER FEEDBACK –

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CANADIAN BLOOD SERVICES CONTACT INFORMATION

SEND FORM TO CANADIAN TRANSPLANT REGISTRY AT transplantregistry@blood.ca OR FAX TO 613-260-4090.

FOR CANADIAN BLOOD SERVICES USE ONLY

FEEDBACK RECEIPT	FEEDBACK RECEIVED BY: _____ SIGNATURE _____ DATE _____	
	EVENT SEVERITY INITIAL	<input type="checkbox"/> CRITICAL PATIENT IMPACT <input type="checkbox"/> MAJOR CUSTOMER SERVICE/PATIENT IMPACT <input type="checkbox"/> MODERATE CUSTOMER SERVICE/PATIENT IMPACT <input type="checkbox"/> MINOR CUSTOMER SERVICE/PATIENT IMPACT <input type="checkbox"/> TREATMENT DELAY <input type="checkbox"/> NO IMPACT PERFORMED BY: _____ SIGNATURE _____ DATE _____
FINAL	<input type="checkbox"/> INITIAL ASSESSMENT HAS NOT CHANGED <input type="checkbox"/> CRITICAL PATIENT IMPACT <input type="checkbox"/> MAJOR CUSTOMER SERVICE/PATIENT IMPACT <input type="checkbox"/> MODERATE CUSTOMER SERVICE/PATIENT IMPACT <input type="checkbox"/> MINOR CUSTOMER SERVICE/PATIENT IMPACT <input type="checkbox"/> TREATMENT DELAY <input type="checkbox"/> NO IMPACT PERFORMED BY: _____ SIGNATURE _____ DATE _____	
QUALITY EVENT REPORT	QUALITY EVENT REPORT REQUIRED? <input type="checkbox"/> YES QER # _____ <input type="checkbox"/> NO _____ SIGNATURE _____ DATE _____	
IMMEDIATE ACTIONS AND INVESTIGATION	<input type="checkbox"/> N/A, THIS SECTION IS NOT REQUIRED IF A QUALITY EVENT REPORT HAS BEEN INITIATED	
	IMMEDIATE ACTIONS PERFORMED: _____ _____ _____ _____ _____ IMMEDIATE ACTIONS PERFORMED BY: _____ SIGNATURE _____ DATE _____	
	INVESTIGATION AND CAUSE OF EVENT: _____ _____ _____ _____ _____ INVESTIGATION PERFORMED BY: _____ SIGNATURE _____ DATE _____	
	IMMEDIATE ACTIONS AND INVESTIGATION REVIEWED AND APPROVED BY: MANAGER/DESIGNATE: _____ SIGNATURE _____ DATE _____	
	ALL SUPPORTING DOCUMENTATION ATTACHED? <input type="checkbox"/> N/A <input type="checkbox"/> YES FOLLOW UP PERFORMED BY: _____ SIGNATURE _____ DATE _____	
CUSTOMER FOLLOW UP	<input type="checkbox"/> N/A, EVENT NOT CLASSIFIED AS CRITICAL/MAJOR FINAL FOLLOW UP PERFORMED BY: _____ SIGNATURE _____ DATE _____	