

HOSPITAL CUSTOMER FEEDBACK –

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 – ORGAN DONATION AND TRANSPLANTATION SERVICES

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				
	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				
QUALITY EVENT REPORT	PERFORMED BY: _____					
	SIGNATURE		DATE			
IMMEDIATE ACTIONS AND INVESTIGATION	PERFORMED BY: _____					
	SIGNATURE		DATE			
CUSTOMER FOLLOW UP	PERFORMED BY: _____					
	SIGNATURE		DATE			
ALL SUPPORTING DOCUMENTATION ATTACHED? <input type="checkbox"/> N/A <input type="checkbox"/> YES						
FOLLOW UP PERFORMED BY: _____						
<input type="checkbox"/> N/A, EVENT NOT CLASSIFIED AS CRITICAL/MAJOR						
FINAL FOLLOW UP PERFORMED BY: _____						
<td colspan="2">SIGNATURE</td> <td>DATE</td>				SIGNATURE		DATE