NEW YORK STATE DEPARTMENT OF HEALTH
Tissue Resources Program

Transplantation/HPC Bank-related Incident Report

Wadsworth Center
Empire State Plaza
Albany, New York 12237

Facility name/city _____ **Facility ID #**_____

Date of discovery _____ **Facility incident number**_____

Date of occurrence _____ **Time of occurrence** _____ ◯ **AM** ◯ **PM**

Date of report _____

Person filing report _____ **Title**_____

Telephone number_____ **Email address**_____

Incident summary (attach a separate page if necessary)

Patient effect(s)

- ☐ Not applicable
- ☐ No effect apparent
- ☐ Fatality – likely related to HPC transplantation
- ☐ Fatality – possibly related to HPC transplantation, cause to be determined
- ☐ Infectious disease transmission (specify) _____
- ☐ Sepsis
- ☐ Specimen mixup
- ☐ Other (specify) _____

Donor effect(s)

- ☐ Not applicable
- ☐ No effect apparent
- ☐ Significant donor reaction (specify) _____
- ☐ Other (specify) _____

At what point(s) in the process did the incident occur?

- ☐ Not applicable
- ☐ Donor history
- ☐ Donor testing
- ☐ HPC collection
- ☐ HPC processing
- ☐ Product labeling
- ☐ Product check-in
- ☐ Product manipulation
- ☐ Product storage
- ☐ Sample collection/labeling
- ☐ Test/product order
- ☐ Patient sample testing
- ☐ Documentation
- ☐ Product selection
- ☐ Request for pick-up
- ☐ Product labeling for issue
- ☐ Product issuance
- ☐ Product administration
- ☐ Equipment function
- ☐ Other (specify) _____

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How was the incident discovered? (check one)

- ☐ Bedside patient identification
- ☐ Donor/recipient reaction
- ☐ Supervisory review
- ☐ Microbial testing
- ☐ Subsequent HPC donation
- ☐ Internal Audit
- ☐ External audit
- ☐ Computer warning
- ☐ Historical record check
- ☐ Discordant lab results
- ☐ Review of order
- ☐ Reported by consignee
- ☐ Other (specify) _____

Where did the incident occur? (check all that apply)

☐ Collection/recovery site ☐ HPC processor ☐ Storage facility ☐ Transplantation facility
☐ Other _____

Job function of the worker(s) involved in the incident (check all that apply)

- ☐ Clinical laboratory technologist
- ☐ HPC Recovery staff
- ☐ HPC Processing staff
- ☐ Registered nurse
- ☐ Clerical/administrative staff
- ☐ House staff
- ☐ Attending physician
- ☐ Other (specify) _____

Product involved (check all that apply)

- ☐ Peripheral blood stem cells
- ☐ Cord blood
- ☐ Bone Marrow
- ☐ Allogeneic donation
- ☐ Autogeneic donation
- ☐ Directed donation
- ☐ Other (specify) _____

Quantity distributed/issued

- ☐ None
- ☐ # of units _____

Quantity transplanted

- ☐ None
- ☐ # of units _____

Were affected HPCs distributed to New York? ◯ Yes ◯ No (If yes, identify facility)

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Results of Investigation (attach a separate page, if necessary)

Was a root cause analysis performed? ◯ Yes ◯ No

Findings:

Corrective action (attach a separate page if necessary)

This form is a PDF fillable document. It is possible to enter data and save the document multiple times, even if you have only Adobe Reader. **Please send the completed PDF form, as an e-mail attachment, to tissue@health.ny.gov, with a subject title of Incident Report and your Facility ID number.** Alternatively, it can be faxed to 518-485-5342 or mailed to the Tissue Resources Program at the address above. Questions should be directed to the Tissue Resources Program at (518) 485-5341.