**Component Code (Codabar) Request Form**

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| **UK Blood Services** |
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| **Component Code (CODABAR) Request Form (to be used in conjunction with processes defined in Red Book)** |

**Section 1; Details of request – To be completed by Requestor / Change Manager**  |
| Requestor Name: |  | Email address: |  |
| Organisation: |  | Change control: | (insert CC reference number) |
| Component Description (including method of manufacture)  | Reason for request |
| **Shelf Life** |       |
| **Anticoagulant Volume** |       |
| **Additive Volume**  |       |
| **Storage Temperature** |       |
| **Volume of component** |       |
| **Other parameters (e.g. Haematocrit)** |       |
|  **Proposed Label Text (Max Chars)** |       |
| *Component Description line 1* |        |
| *Component Description line 2* |       |
| **Please enter the contact details of individuals from other Blood Services who have already been consulted regarding this request:**       |
| **Please send this form to SACBC for review** |
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| **Section 2; Outcome of request – To be completed by SACBC** |

**Approved/ Not approved (Delete as necessary)** |
| Signed on behalf of SACBC |  | Date: |   |
| **Please send this form back to the Requestor / Change manager and request that they liaise with I.T. systems support within their organisation** |
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| **Section 3; To be completed by I.T. Systems Support** |
| Further information required? Yes / No (delete as applicable) |
| Enter details of further information;       |
| Signed on behalf of I.T. Systems Support |  | Date: |  |
| **Please send this form to SACIT for review** |
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| **Section 4; To be completed by SACIT** |
| Component code(s) allocated;       |
| Signed on behalf of SACIT: |  | Date: |  |
| **Please return this form to I.T. Systems Support** |
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