

UK Blood Services			
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 send this form to SACBC for review			
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 to I.T. Systems Support within your Blood Service for review			
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			
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			