

# New version of product page

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## eBPDR - Blood Products/Components Information

**P#: 298110**  
**FEI: 1000524796**

Now entering component number 1 through 2. If the Total Number of Component(s)/Lot(s) is more than 100, please enter the product information displayed below and enter remaining component information on the comment page later.

- Press the Continue button if you are finished entering components or if you do not have all of the required fields for the remaining components.
- Press the Import button to import product information from an XLS file. Import is available when all data entry fields below are empty.
- Please remember to save your data frequently.



\* Required

Row #	*Unit #	Collection Date (mm/dd/yyyy)	Expiration Date (mm/dd/yyyy)	*Blood Product Code	*Disposition	*Notification "RN = Reverse Notification"	Additional Information (500 Characters Maximum)	
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Code"/>	<input type="text"/>	<input type="text"/>		<input type="button" value="Clear"/> <input type="button" value="Copy"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Code"/>	<input type="text"/>	<input type="text"/>		<input type="button" value="Clear"/> <input type="button" value="Copy"/>

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Current eBPD system – product information page

		<b>U.S. Food and Drug Administration</b>			Department of Health and Human Services
<b>CENTER FOR BIOLOGICS EVALUATION AND RESEARCH</b>					
<a href="#">FDA Home Page</a>   <a href="#">Contact eBPDR Technical Support</a>   <a href="#">Log Out</a>					
<b>eBPDR - Blood Products/Components Information</b>				<b>P#: 338878</b>	
				<b>FEI: 1234567890</b>	
<p>Now entering component number 1 of 18 .....If there are more than 18 components, component information will be entered in comment page later. Please fill out the product information for component displayed.</p> <p>Press the Continue button at the bottom of the page to continue onto the next page.</p> <p>Press the Finish button if you are finished entering in components or if you do not have all of the required fields for the remaining component(s) <input type="button" value="Finish"/></p>					
<b>*Unit #</b>	<b>Collection Date</b>  (mm/dd/yyyy)	<b>Expiration Date</b>  (mm/dd/yyyy)	<b>*Blood Product Code</b>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<b>*Disposition</b>			<b>*Notification</b>		
<input type="text"/>			<input type="text"/>		
			<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> RN		
<b>Additional Information (500 Characters Maximum):</b>					
<input type="text"/>					
<b>"RN = Reverse Notification"</b>					
<b>* Required</b>					
<input type="button" value="Previous"/> <input type="button" value="Continue"/> <input type="button" value="Refresh"/> <input type="button" value="Finish"/> <input type="button" value="Delete"/> <input type="button" value="Reset"/>					

Proposed Revision

Product Disposition	Notification	Contact Info	Preview Report
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Reporting FEI: 2971883  
 BPD Confirmation # 251942  
 Reporting Establishment Name: Blood Bank of Hawaii

Establishment Tracking # E141009  
 Todays Date: 08/04/2011

**BPD AI - Distribution Pattern Information**

\* Required

Provide distribution pattern for enabled rows.

- You may select a value for each enabled row in the table below.
- To apply the same value to multiple rows: select a value, select the rows, press Apply To Multiple Selected Rows.

Enter multiple rows at a time →

OR

Apply To Multiple Selected Rows

Clear Selected Rows

Enter rows individually below ↓

Select All Rows

Row #	Unit #	Product Code	* Distribution Pattern	Select Rows
1	W088409007139	DB53	American Samos <input type="checkbox"/>	<input type="checkbox"/>
2	W088409007139	DB29	<input type="text"/> <input type="checkbox"/>	<input type="checkbox"/>
3	W088409007139	DB45	<input type="text"/> <input type="checkbox"/>	<input type="checkbox"/>

Provide counts related to the distribution pattern.

\* Domestic Consignees (total)

\* Foreign Consignees (total)

# of Distributors

# of Medical Facilities

# of Veterans Admin

# of Dept. Of Defense

# of Manufacturers

If you distributed products to Canada, a U.S. federal government and/or DoD facility, please provide the consignee name and address in the Comments field below.

Distribution Pattern Comments: (2000 Characters Maximum)

<< Previous    Continue >>    Save

Product Disposition	Notification	Contact Info	Preview Report
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Reporting FEI: 1270026      Establishment Tracking # E1012187  
BPD Confirmation # 328464      Today's Date: 08/09/2011  
Reporting Establishment Name: American Red Cross Blood Services

**EPD AI - Distribution Pattern Information**

Provide the state (for products distributed within the United States) and/or the countries (for products distributed outside the United States) where the products were distributed.

\* Required

Domestic	Foreign
<div data-bbox="219 640 657 850"><p>Nationwide Alabama Alaska American Samoa Arizona Arkansas</p></div> <div data-bbox="227 840 649 882">Add State to Distribution Pattern</div>	<div data-bbox="803 640 1161 850"><p>Afghanistan Albania Algeria American Samoa Andorra Angola</p></div> <div data-bbox="755 829 1209 871">Add Country to Distribution Pattern</div>

\* Distribution Pattern: (3999 Characters Maximum)

Arkansas ; Alaska ;

Clear Distribution Pattern

Provide counts related to the distribution pattern.

\* Domestic Consignees (total)

\* Foreign Consignees (total)

# of Distributors

# of Medical Facilities

# of Veterans Admin

# of Dept. Of Defense

# of Manufacturers

# of Other

If you distributed products to Canada, a U.S. federal government and/or DoD facility, please provide the consignee name and address in the Comments field below.

Describe the type of facility in the Comments field if "# of Other" is entered above.

Distribution Pattern Comments: (2000 Characters Maximum)

test

<< Previous    Continue >>    Save