

# BIOLOGICAL PRODUCT DEVIATION REPORT

FDA USE ONLY	
Date Received:	
Date Reviewed:	
BPD ID:	
BPD No.	

\* Indicates required information

A. FACILITY INFORMATION	B. BIOLOGICAL PRODUCT DEVIATION (BPD) INFORMATION						
<b>1. Reporting Establishment Information</b>	1. Establishment Tracking #						
* Reporting Establishment Name	2. Date BPD Occurred						
* Street Address Line 1	3. * Date BPD Discovered						
Street Address Line 2	4. * Date BPD Reported						
* City	5. * Description of BPD (use Page 2 for additional space)						
* State							
Country	6. * Description of Contributing Factors or Root Cause (use Page 3 for additional space)						
* Zip Code							
* Point of Contact	7. * Follow-Up (use Page 4 for additional space)						
* Telephone #							
E-mail							
<b>2. * Reporting Establishment Identification Number</b>	8. * Please Enter the 6 Character BPD Code						
FDA Registration #							
CLIA #	<table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>						
<b>3. If the BPD occurred somewhere other than the above facility, please complete this Section and Section A4; otherwise, continue on to Section B1.</b>	<b>C. UNIT / PRODUCT INFORMATION</b>						
* Establishment Name							
Street Address Line 1							
Street Address Line 2							
* City	Please check the type of product:						
* State							
* Country	Blood <input type="checkbox"/> (Continued on Page 5)						
Zip Code	Non-Blood <input type="checkbox"/> (Continued on Page 6)						
<b>4. Establishment Identification Number</b>							
FDA Registration #							
CLIA #							

# Biological Product Deviation Report

**B5. DESCRIPTION OF BPD** *(continued)*

# Biological Product Deviation Report

**B6. DESCRIPTION OF CONTRIBUTING FACTORS OR ROOT CAUSE** *(continued)*

# Biological Product Deviation Report

**B7. FOLLOW-UP** *(continued)*

# Biological Product Deviation Report

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## C1. BLOOD PRODUCTS / COMPONENTS

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TOTAL NUMBER OF UNITS: \_\_\_\_\_

Unit #	Collection Date (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)	Product Code	Disposition	Notification (Y,N,RN)
1.)					
2.)					
3.)					
4.)					
5.)					
6.)					
7.)					
8.)					
9.)					
10.)					
11.)					
12.)					
13.)					
14.)					
15.)					
16.)					
17.)					
18.)					

# Biological Product Deviation Report

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## C2. NON-BLOOD PRODUCTS

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TOTAL NUMBER OF LOTS: \_\_\_\_\_

Lot #	Expiration Date (MM/DD/YYYY)	Product Type	Product Code	Disposition	Notification (Y,N)
1.)					
2.)					
3.)					
4.)					
5.)					
6.)					
7.)					
8.)					
9.)					
10.)					
11.)					
12.)					
13.)					
14.)					
15.)					
16.)					
17.)					
18.)					

# Biological Product Deviation Report

## D. ADDITIONAL COMMENTS

**Biological product deviation reports required by 21 CFR 600.14, 21 CFR 606.171, or 21 CFR 1271.350(b), involving products regulated by the Center for Biologics Evaluation and Research (CBER), mail to:**

Director, Office of Compliance and Biologics Quality (HFM-600)  
Center for Biologics Evaluation and Research  
Food and Drug Administration  
1401 Rockville Pike, Suite 200N  
Rockville, MD 20852-1448

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**Biological product deviation reports required by 21 CFR 600.14, involving licensed biological products regulated by the Center for Drug Evaluation and Research (CDER), mail to:**

Division of Compliance Risk Management and Surveillance  
Office of Compliance  
Center for Drug Evaluation and Research  
Food and Drug Administration  
10903 New Hampshire Ave.  
Silver Spring, MD 20993-0002

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This section applies only to requirements of the Paperwork Reduction Act of 1995.

**\*DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.\***

The burden time for this collection of information is estimated to average 2 hours per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to:

Department of Health and Human Services  
Food and Drug Administration  
Office of Chief Information Officer  
Paperwork Reduction Act (PRA) Staff  
[PRASStaff@fda.hhs.gov](mailto:PRASStaff@fda.hhs.gov)

*"An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number."*