



<b>Product Disposition</b>	Notification	Distribution	Contact Info	Preview Report
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Reporting FEI: 1472204  
 BPD Confirmation # 298163  
 Reporting Establishment Name: Life Source

Establishment Tracking # 50884  
 Todays Date: 05/11/2012

### BPD AI - Updated Product Disposition

Provide the following additional information for products distributed to another facility. Verify consignee(s) were notified, and if notified, provide dates of distribution and final disposition(s).

\* Required

\*\* Conditionally Required (see instructions)

Row #	Unit or Lot #	Product Code	* Verify Consignee Notified	** Date Distributed (mm/dd/yyyy)	** Final Disposition
Row 1	1A	DB01	Yes ▾	<input type="text"/>	<input type="text"/>
Row 2	1A	DB01	Yes ▾	<input type="text"/>	<input type="text"/>
Row 3	1A	DB01	Yes ▾	<input type="text"/>	<input type="text"/>
Row 4	1A	DB01	Yes ▾	<input type="text"/>	<input type="text"/>

*If "Other" is selected as a final disposition, provide further details in the Comments field.*

If you chose a non-specific product code on your BPDR (e.g., DB00), provide the name of the product(s) in the Comments field. You may skip this step if you included this information on your BPDR.

\*\* Product Information Comments: (2000 Characters Maximum)

Provide Total Quantity Distributed:

Continue >>

Save



Product Disposition

**Notification**

Distribution

Contact Info

Preview Report

Reporting FEI: 1472204

BPD Confirmation # 298163

Reporting Establishment Name: LifeSource

Establishment Tracking # 50884

Today's Date: 05/11/2012

### BPD AI - Notification Method

Provide method(s) and date(s) of consignee notification. If your method of notification is not one of the available choices, select "Other" and describe the notification method in the Comments field.

\* Required

\*\* Conditionally Required (see instructions)

Row #	Initial Notification Method	Initial Notification Date (mm/dd/yyyy)
Initial Notification #1	* <input type="text"/>	* <input type="text"/>
Initial Notification #2	<input type="text"/>	<input type="text"/>

Row #	Further Notification Method	Further Notification Date (mm/dd/yyyy)
Further Notification #1	<input type="text"/>	<input type="text"/>
Further Notification #2	<input type="text"/>	<input type="text"/>
Further Notification #3	<input type="text"/>	<input type="text"/>

\*\* Notification Comments: (2000 Characters Maximum)

Provide the Recall Completion Date. (Recall Completion date is the latest date of consignee notification).

\* Recall Completion Date (mm/dd/yyyy):

<< Previous

Continue >>

Save



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Reporting FEI: 1472204      Establishment Tracking # 50884  
 BPD Confirmation # 298163      Todays Date: 05/11/2012  
 Reporting Establishment Name: Life Source

### 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

Enter rows individually below ↓

Select All Rows

Row #	Unit or Lot #	Product Code	* Distribution Pattern	Select Rows
Row 1	1A	DB01	<input type="text"/>	<input type="checkbox"/>
Row 2	1A	DB01	<input type="text"/>	<input type="checkbox"/>
Row 3	1A	DB01	<input type="text"/>	<input type="checkbox"/>
Row 4	1A	DB01	<input type="text"/>	<input type="checkbox"/>

Provide counts related to the distribution pattern.

\* Domestic Consignees (total)

\* Foreign Consignees (total)

# of Consignees Responding to Notification (total)

# of Distributors

# of Manufacturers

# of Medical Facilities

# of Dept. Of Defense

# of Veterans Admin

# of Other U.S. Federal Government

If you selected the distribution pattern value 'Multiple U.S. States' or 'Multiple Countries', provide the specific distribution pattern for each lot in the comments field below. Not applicable for HCT/P or blood products.

Distribution Pattern Comments: (2000 Characters Maximum)



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### BPD AI - Industry Recall Contacts

Provide contact information for the Recalling Firm's Most Responsible Individual and Recall Contact

\* Required

\*\* Conditionally Required (see instructions)

#### Most Responsible Individual

\* Official's Name

Title

\* Firm Name

\* Address Line 1

Address Line 2

\* City

\*\* State/Province  (required only for US and Canada)

\* Country

\*\* Postal Code  (required only for US and Canada)

Telephone Area Code  Number  Ext.  Country Code

Facsimile Area Code  Number  Ext.  Country Code

Email Address

#### Recall Contact

Please press here to populate the Recall Contact with the Most Responsible Individual Information

\* Official's Name

Title

\* Firm Name

\* Address Line 1

Address Line 2

\* City

\*\* State/Province  (required only for US and Canada)

\* Country

\*\* Postal Code  (required only for US and Canada)

Telephone Area Code  Number  Ext.  Country Code

Fascimile Area Code  Number  Ext.  Country Code

Email Address



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 Today's Date: 05/11/2012

### BPD AI - Preview Report

This Report Has Not Been Submitted To FDA

Please review the following information for accuracy. If any information is inaccurate please navigate to the appropriate page, make corrections, and then submit the report.

### BPD AI - Updated Product Disposition and Distribution Pattern

Row #	Unit or Lot #	Product Code	Verify Consignee Notified	Date Distributed	Final Disposition	Distribution Pattern
1	1A	DB01	Yes	05/11/2012	Other	Connecticut
2	1A	DB01	Yes	05/11/2012	Returned and Destroyed	Cape Verde
3	1A	DB01	Yes	05/11/2012	Returned and Destroyed	Connecticut
4	1A	DB01	Yes	05/11/2012	Transfused	Cape Verde

**Product Information Comments**  
 Product Information Comments

**Total Quantity Distributed**  
 Total Quantity Distributed

### BPD AI - Notification Method

Row #	Initial Notification Method	Initial Notification Date
Initial Notification #1	Letter	05/11/2012

Recall Completion Date 05/11/2012

### BPD AI - Distribution Pattern Information

Domestic Consignees (total) 3  
 Foreign Consignees (total) 0  
 # of Consignees Responding to Notification (total) 1  
     # of Distributors 1  
     # of Manufacturers 1  
     # of Medical Facilities 1  
     # of Dept. Of Defense 1  
     # of Veterans Admin 1  
     # of Other U.S. Federal Government 1

**Distribution Pattern Comments**  
 Distribution Pattern Comments

## BPD AI - Industry Recall Contacts

### Most Responsible Individual

Official's Name: test

Title: test

Firm Name: test

Address Line 1: test

Address Line 2: test

City: test

State/Province: Minnesota

Country: United States

Postal Code: 22222

Telephone: 703 4445555 Ext.: 1 Country Code: 1

Facsimile: 888 888888 Ext.: 2 Country Code: 2

Email Address: test@test.com

### Recall Contact

Official's Name: test

Title: test

Firm Name: test

Address Line 1: test

Address Line 2: test

City: test

State/Province: Minnesota

Country: United States

Postal Code: 22222

Telephone: 703 4445555 Ext.: 1 Country Code: 1

Facsimile: 888 888888 Ext.: 2 Country Code: 2

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Submit To FDA



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 Todays Date: 05/11/2012

### BPD AI - Submitted Report

This BPD Additional Information report was submitted to FDA on 05/11/2012  
 Please print a copy of this report for your records

### BPD AI - Updated Product Disposition and Distribution Pattern

Row #	Unit or Lot #	Product Code	Verify Consignee Notified	Date Distributed	Final Disposition	Distribution Pattern
1	1A	DB01	Yes	05/11/2012	Other	Connecticut
2	1A	DB01	Yes	05/11/2012	Returned and Destroyed	Cape Verde
3	1A	DB01	Yes	05/11/2012	Returned and Destroyed	Connecticut
4	1A	DB01	Yes	05/11/2012	Transfused	Cape Verde

Product Information Comments:  
 Product Information Comments

Total Quantity Distributed  
 Total Quantity Distributed

### BPD AI - Notification Method

Row #	Initial Notification Method	Initial Notification Date
Initial Notification #1	Letter	05/11/2012

Recall Completion Date 05/11/2012

### BPD AI - Distribution Pattern Information

Domestic Consignees (total) 3  
 Foreign Consignees (total) 0  
 # of Consignees Responding to Notification (total) 1  
     # of Distributors 1  
     # of Manufacturers 1  
     # of Medical Facilities 1  
     # of Dept. Of Defense 1  
     # of Veterans Admin 1  
 # of Other U.S.Federal Government 1

Distribution Pattern Comments  
 Distribution Pattern Comments

## BPD AI - Industry Recall Contacts

### Most Responsible Individual

**Official's Name:** test

**Title:** test

**Firm Name:** test

**Address Line 1:** test

**Address Line 2:** test

**City:** test

**State/Province:** Minnesota

**Country:** United States

**Postal Code:** 22222

**Telephone:** 703 4445555 Ext.: 1 Country Code: 1

**Facsimile:** 888 888888 Ext.: 2 Country Code: 2

**Email Address:** test@test.com

### Recall Contact

**Official's Name:** test

**Title:** test

**Firm Name:** test

**Address Line 1:** test

**Address Line 2:** test

**City:** test

**State/Province:** Minnesota

**Country:** United States

**Postal Code:** 22222

**Telephone:** 703 4445555 Ext.: 1 Country Code: 1

**Facsimile:** 888 888888 Ext.: 2 Country Code: 2

**Email Address:** test@test.com

Select Establishment

Unfinished Reports