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Product Disposition	Notification	Distribution	Contact Info	Preview Report
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Reporting FEI:	Establishment Tracking #
BPD Confirmation #	Today's Date:
Reporting Establishment Name:	

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 Dis position
Row 1			Yes <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Row 2			Yes <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Row 3			Yes <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Row 4			Yes <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Row 5			Yes <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Row 6			Yes <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Row 7			Yes <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Row 8			Yes <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Row 9			Yes <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Row 10			Yes <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Row 11			Yes <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Row 12			No <input type="checkbox"/>	<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:

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Reporting FEI: _____ Establishment Tracking # _____
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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" value="v"/>	* <input type="text" value=""/>
Initial Notification #2	<input type="text" value="v"/>	<input type="text" value=""/>

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

** 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):



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Reporting FEI: _____ **Establishment Tracking #** _____
BPD Confirmation # _____ **Today's Date:** _____
Reporting Establishment Name: _____

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 ↓

Row #	Unit or Lot #	Product Code	* Distribution Pattern	Select Rows
Row 1			<input type="text"/>	<input type="checkbox"/>
Row 2			<input type="text"/>	<input type="checkbox"/>
Row 3			<input type="text"/>	<input type="checkbox"/>
Row 4			<input type="text"/>	<input type="checkbox"/>
Row 5			<input type="text"/>	<input type="checkbox"/>
Row 6			<input type="text"/>	<input type="checkbox"/>
Row 7			<input type="text"/>	<input type="checkbox"/>
Row 8			<input type="text"/>	<input type="checkbox"/>
Row 9			<input type="text"/>	<input type="checkbox"/>
Row 10			<input type="text"/>	<input type="checkbox"/>
Row 11			<input type="text"/>	<input type="checkbox"/>
Row 12			<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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Reporting FEI: _____ Establishment Tracking # _____
 BPD Confirmation # _____ Todays Date: _____
 Reporting Establishment Name: _____

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

Facsimile Area Code Number Ext. Country Code

Email Address

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