ORBCoN
Ontario Regional Blood Coordinating Network

Provincial AB Plasma Audit Data Sheet Month: _____ page _ of _

AB Plasma Inventory /Monthly Utilization

# AB Plasma units transfused to AB recipient ____	**# AB Plasma Discarded - Outdated**	**AB Plasma Discarded - Not Outdated**
# AB Plasma units transfused to Non AB recipient ____	# frozen units that outdated ____	# of bags broken in plasma thawer: ____
# AB Plasma units redistributed ____	# thawed units kept on hand for potential MHP outdated ____	# of units discarded for other reasons (specify): ____
# AB Plasma units transferred with patient ____	# units ordered, thawed but not used that outdated ____	

Reason for AB Plasma transfused to Non AB Recipient:

AB Plasma Unit # Transfused to Non AB Recipient	Due to Massive Hemorrhage Protocol (MHP) - no blood group on file	Thawed for another patient/MHP, not used(specify) -To avoid outdating	Frozen plasma nearing expiry - To avoid outdating	Due to only plasma group available in stock at the time	For plasma exchange	With ABO incompatible renal transplant	Is a neonate	For other reasons not listed(specify)
TOTALS								