Please complete this form to return feedback to the Red Cell Immunohaematology Laboratory in the National Blood Centre.

Please send completed User Feedback Forms to rci@ibts.ie.

To submit a **complaint** against RCI, please complete an [IBTS Complaint Form](https://healthprofessionals.giveblood.ie/clinical-services/quality-compliance/quality-documentation/).

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| **SECTION 1. FOR COMPLETION BY PATIENT / USER / PERSONNEL** |
| **Reporting Hospital & Department** (If applicable): |  |
| **Name of person reporting:** |  |
| **Email address for correspondence:** |  |
| **Feedback***Please provide as much detail as possible in your feedback, including date, nature of the feedback, suggestions for improvement. This aids the RCI department in their investigation, follow up and response to your feedback.*  |
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| **SECTION 2. FOR COMPLETION BY RCI**  |
| **Received By:** |  | **Date:** | Click or tap to enter a date. |
| **Is the feedback for RCI** | [ ]  Yes [ ]  No  |
| **If NO, referred to relevant department** | [ ]  Yes | **Name and date of who it was referred to:** |  |
| **For feedback for RCI** |
| **Added to Feedback Log** | [ ]  Yes  | **Date:** | Click or tap to enter a date. |
| **Does the feedback require an:** | [ ]  Incident Report [ ]  Complaint [ ]  Not applicable |
| **Reference number:**(User feedback and IR/Complaint / Change control number if applicable) |  |
| **Investigation and Summary***If an IR or complaint is raised to investigate the feedback, full investigation should be documented in the relevant IR and / or complaint. If no IR or complaint is required, please document investigation below.* |
|  |
| **Discussed at meeting:***(type and date of meeting)* |  |
| **Response Details – For all feedback received** |
| **Completed by:** |  | **Date:** | Click or tap to enter a date. |
| **Chief Medical Scientist Review:** |  | **Date:** | Click or tap to enter a date. |
| **Date sent to patient / user:** | Click or tap to enter a date. |
| **Feedback Log updated by:** |  | **Date:** | Click or tap to enter a date. |

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