**Component Code (Codabar) Request Form**

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| **UK Blood Services** | | | | | | | |
| |  | | --- | | **Component Code (CODABAR) Request Form (to be used in conjunction with processes defined in Red Book)** |   **Section 1; Details of request – To be completed by Requestor / Change Manager** | | | | | | | |
| Requestor Name: |  | | Email address: | |  | | |
| Organisation: |  | | Change control: | | (insert CC reference number) | | |
| Component Description (including method of manufacture) | | | | Reason for request | | | |
| **Shelf Life** | |  | | | | | |
| **Anticoagulant Volume** | |  | | | | | |
| **Additive Volume** | |  | | | | | |
| **Storage Temperature** | |  | | | | | |
| **Volume of component** | |  | | | | | |
| **Other parameters (e.g. Haematocrit)** | |  | | | | | |
| **Proposed Label Text (Max Chars)** | |  | | | | | |
| *Component Description line 1* | |  | | | | | |
| *Component Description line 2* | |  | | | | | |
| **Please enter the contact details of individuals from other Blood Services who have already been consulted regarding this request:** | | | | | | | |
| **Please send this form to SACBC for review** | | | | | | | |
|  | | | | | | | |
| |  | | --- | | **Section 2; Outcome of request – To be completed by SACBC** |   **Approved/ Not approved (Delete as necessary)** | | | | | | | |
| Signed on behalf of SACBC | |  | | | | Date: |  |
| **Please send this form back to the Requestor / Change manager and request that they liaise with I.T. systems support within their organisation** | | | | | | | |
|  | | | | | | | |
| **Section 3; To be completed by I.T. Systems Support** | | | | | | | |
| Further information required? Yes / No (delete as applicable) | | | | | | | |
| Enter details of further information; | | | | | | | |
| Signed on behalf of I.T. Systems Support | |  | | | | Date: |  |
| **Please send this form to SACIT for review** | | | | | | | |
|  | | | | | | | |
| **Section 4; To be completed by SACIT** | | | | | | | |
| Component code(s) allocated; | | | | | | | |
| Signed on behalf of SACIT: | |  | | | | Date: |  |
| **Please return this form to I.T. Systems Support** | | | | | | | |
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