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:	5	(insert CC reference numb	er)
Component Description (including method of r	manufacture) Reason for r	equest	
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 individu regarding this request:	als from other Blood Servio	es who have already bee	n consulted
Please send this form to SACBC for review			
Section 2; Outcome of request – To be completed by SACBC			
Approved/ Not approved (Delete as necess	sary)		
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. Syst	tems Support		
Further information required? Yes / No (delete	e 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			