Notification concerning Temporary Change to Blood and Tissue Establishments during Pandemics

|  |
| --- |
| 1. Establishment Details

Name and address of establishment / organisation:      Responsible person:      Title:      Department:      Telephone:      Fax:      E-mail address:       |
| 1. Proposed Change

Reference number for implementation plan (matrix / risk assessment) for pandemic infections      Change to be implemented:*(Please detail the change proposed – cross reference the relevant implementation plan (risk matrix) for the step to be enacted. Please attach annex if required and reference attachments here)*     Reason for change to be implemented:*(Please detail the reasons for change – please attach annex if required and reference attachments here)*     Public announcement to be made: Yes [ ]  No [ ] *(If yes please provide details of the method and timings of such announcements)*     Date change to be reversed:       |

|  |
| --- |
| 1. declaration by responsible person

I hereby declare that the information given in this notification is correct and that the establishment will notify the HPRA of any amendments to the proposed change prior to implementation.**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**      **Print name**:       **Title / position:**       |

Send to:

The Compliance Department, Health Products Regulatory Authority

Earlsfort Centre, Earlsfort Terrace, Dublin 2.

Tel: + 353 1 676 4971

Fax: + 353 1 676 7836

E-mail: compliance@hpra.ie

|  |
| --- |
| 1. For office use only

HPRA reference number:      Date of receipt:      Reviewed by (sign and date):      Approved by (sign and date):      Acknowledgement to establishment sent by (sign and date):      Comment:       |