Notification concerning Temporary Change to Blood and Tissue Establishments during Pandemics

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| 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: |

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| 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:

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| 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: |