ISBT LABELS THAT NEED TO BE SUBMITTED BY LICENSED BLOOD ESTABLISHMENTS FOR PRIOR APPROVAL

The list below is for those facilities that have had their Codabar product labels previously approved under their U.S. License. If label has not been previously approved, label must be submitted regardless of list below.

PRODUCT LABELS

1. WHOLE BLOOD label (for each approved anticoagulant currently in use)
2. RED BLOOD CELLS label (for each approved anticoagulant currently in use)
3. RED BLOOD CELLS label (for one approved additive currently in use)
4. RED BLOOD CELLS FROZEN
5. RED BLOOD CELLS DEGLYCEROLIZED
6. RED BLOOD CELLS LEUKOCYTES REDUCED label (for one approved anticoagulant currently in use)
7. RED BLOOD CELLS IRRADIATED label (for one approved anticoagulant currently in use)
8. RED BLOOD CELLS LEUKOCYTES REDUCED IRRADIATED label (for one approved anticoagulant currently in use)
9. RED BLOOD CELLS BY PHERESIS label (for one approved anticoagulant currently in use)
10. RED BLOOD CELLS LEUKOCYTES REDUCED BY PHERESIS label (for one approved anticoagulant currently in use)
11. FRESH FROZEN PLASMA label (for one approved anticoagulant currently in use)
12. FRESH FROZEN PLASMA (BY PHERESIS) label (for one approved anticoagulant currently in use)
13. CRYOPRECIPITATED AHF label
14. SOURCE LEUKOCYTES label (for one approved anticoagulant currently in use)
15. PLATELETS label (for one approved anticoagulant currently in use)
16. PLATELETS LEUKOCYTES REDUCED label (for one approved anticoagulant currently in use)
17. PLATELETS IRRADIATED label (for one approved anticoagulant currently in use)
18. PLATELETS PHERESIS label (for one approved anticoagulant currently in use)
19. PLATELETS PHERESIS IRRADIATED label (for one approved anticoagulant currently in use)
20. PLATELETS PHERESIS LEUKOCYTES REDUCED label (for one approved anticoagulant currently in use)
21. PLATELETS PHERESIS LEUKOCYTES REDUCED IRRADIATED label (for one approved anticoagulant currently in use)
22. SOURCE PLASMA label (for each previously approved Codabar label currently in use)
OTHER LABELS

1. **ABO/Rh label** (one of each blood type)
2. **Donor Identification Number** (from one of your facilities)
3. **For Autologous Use Only** label with the **Intended Recipient Information** label
4. Either one full face label (4 X 4) or one label of each of the 4 quadrants

3/16/06
7/24/07 rev.
10/29/07 rev.