DATE OF INCIDENT ___________ TODAY’S DATE ___________ LOCATION OF INCIDENT ____________________________

SHIFT ___________ DRIVE # ___________ DRIVE TYPE: □ Fixed Site □ Dx □ SCU □ Truck Drive

APHERESIS: □ Fixed Site □ Clinical SPECIAL DONOR SERVICES: □

REPORTED BY: □ An individual nurse □ A group of nurses □ Other ____________________________

I HAVE NOTIFIED THE FOLLOWING ADMINISTRATIVE EMPLOYEES IN MY FACILITY OF THE SITUATION:

□ Charge Nurse ___________________________ □ COS ___________________________ □ COM ___________________________

□ Team Supervisor ___________________________ □ Other ___________________________

REQUEST FOR STAFF AND REASON FOR REPORT: I am hereby informing you that, in my professional nursing judgment, I am unable to assure the delivery of safe or adequate nursing care at the site with the current configuration and/or number of staff assigned to the site. I request the following additional staff be assigned to this site immediately.

____RN(s) _____ LPN(s) ______ COM(s) _____ COS(s) _____ MA _____ MUA _____ Other (describe)____________________

REASON FOR REPORT:

□ Not enough staff □ Site suitability □ Safety □ Worked too many hours in a row (# of hours worked ______)

I indicate my acceptance of the assignment under protest. It is not my intention to refuse to accept the assignment and thus raise questions of meeting my obligations to the donor/patient nor am I refusing to obey an order if such were given. However, I hereby give notice to my employer of the above facts and indicate that for the reasons listed, full responsibility for the consequences of this assignment must rest with the employer. Copies of this form may be provided to any and all appropriate state and federal agencies.

STAFF NURSE OR TEAM MEMBER SIGNATURE(S) _______________ STAFF NURSE OR TEAM MEMBER NAMES (PRINTED) __________________________

SUMMARY:

<table>
<thead>
<tr>
<th>Donors Scheduled</th>
<th>Start of Drive</th>
<th>End of Drive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donors Arrived</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of RNs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of LPNs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of MUAs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of MAs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

UNINTENDED CONSEQUENCES SUMMARY: (Note: this section must be completed)

□ Breach of Contract □ Safety □ No RN/LPN in charge

Donor Consequences: __________________________________________________________

______________________________

DRIVE SUMMARY: (Check all that apply)

□ No RN in charge □ No additional staff added □ Mandatory overtime worked □ Voluntary overtime worked

□ Product(s) lost or compromised _____________________________________________

RESOLUTION AT END OF DRIVE:

□ RN added to charge □ More staff arrived (How many _________) □ No change

Please attach additional comments to this form, if needed.