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Reporting FEI: BPD Confirmation # Reporting Establishment Name:			Establishment Tracking # Todays Date:		
Product Disposition Notification Distribution			Contact Info Preview Repo		

BPD AI - Updated Product Disposition

Provide the following additional information for products distributed to another facility. Verify consignee(s) were notified, and if notified, provide dates of distribution and final disposition(s).

* Required
** Conditionally Required (see instructions)

Row#	Unit or Lot#	Product Code	* Verity Consignee Notified	** Date Distributed (mm/dd/yyyy)	** Final Disposition
Row1			Yes 🗸		~
Row 2			Yes 🗸		~
Row 3			Yes 🗸		~
Row 4			Yes 🗸		~
Row 5			Yes 🗸		~
Row 6			Yes 🗸		~
Row 7			Yes 🗸		~
Row 8			Yes 🗸		~
Row 9			Yes 🗸		~
Row 10			Yes 🗸		<u>~</u>
Row 11			Yes 🗸		~
Row 12			No V		~

If "Other" is selected as a final disposition, provide further details in the Comments field.

If you chose a non-specific product code on your BPDR (e.g., DB00), provide the name of the product(s) in the Comments field. You may skip this step if you included this information on your BPDR.

ovide Total Quantity Distributed:	
	^
	~

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Row # Initial Notification Method Initial Notification Method Initial Notification Date (mm/dd/yyyy) Initial Notification #2 Row # Further Notification Method Eurther Notification Date (mm/dd/yyyy) Further Notification #1	PD Confirmation # Todays Date: eporting Establishment Name: BPD AI - Notification Method ovide method(s) and date(s) of consignee notification. If your method in the Comments field. *Required **Conditionally Required (see instruction Method Initial Notification Date (mm/dd/yyyy) Initial Notification #1 Initial Notification #2 Row # Further Notification Method Further Notification Date (mm/dd/yyyy)	BPD Al s(s) of consignee other" and descr	notification. If your maile the notification maile	ethod ethod of notification ethod in the Comm * Required ** Conditionally Re	on is not one of the lents field.
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FDA / Center for Biologics Evaluation and Research

v5.07.00 Last Updated: 09/28/2018



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# of Other U.S	Federal Government		i	
If you selected the distribution pattern for each lot in the Co Distribution Pattern Comme	mments field below. No	t applicable for HCT	iple Countries; provide the sp P or blood products.	necific distribution
				~
4 12				
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