7 Scottish National Blood Transfusion Service

The guidance below is based on that published within:

- British Committee for Standards in Haematology guidelines 2012,
- Eudralex (Orange Guide) Volume 4 – Chapter 4: Documentation
- Eudralex (Orange Guide) Volume 4 – Annex 19: Reference & Retention Samples
- European Directive 2002/98/EC – Setting Standards of Quality & Safety for the Collection, Testing, Processing, Storage & Distribution of Human Blood & Blood Components
- European Directive 2003/63/EC – Amending Directive 2001/83/EC of the European Parliament and the Council of the Community Code Relating to Medicinal Products for Human Use
- European Tissue Directive 2004/23/EC Tissue Safety and Quality Regulations
- Guidelines for the Blood Transfusion Services in the UK (Red Book)
- Human Tissue (Scotland) Act 2006
- OECD Series on Principles of Good Laboratory Practice & Compliance Monitoring (No.15 – ENV/JM/MONO(2007)10)
- Scottish Government Records Management: NHS Code of Practice (Scotland) Version 2.1 – January 2012
- Statutory Instruments 1999 No. 3106 – The Good Laboratory Practice Regulations 1999
- Statutory Instruments 2004 No. 994 – The Good Laboratory Practice (Codification Amendments Etc.) Regulations 2004
- Statutory Instruments 2005 No. 50 – The Blood Safety and Quality Regulations 2005
- The Medicines Act 2003 – The Medicines for Human Use Regulations 2005
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- The Retention & Storage of Pathological Records & Specimens (5th Edition, April 2015) – Guidance from the Royal College of Pathologists and the Institute of Biomedical Science

BCS Reference – Level 2	Record Type	Retention Period	Authorised to Dispose
Blood Information Services	Microfiched Reports	Permanent	
	SACTTI Working Group (vCJD)	Permanent	
Clinical Services	Accreditation documents and records of inspections	Minimum of 8 years, or at least 2 inspection cycles (anticipating a 4 yearly cycle for accreditation against ISO 15189), whichever is longer	
	Annual reports (where required by the BSQR)	15 years	
	Batch records	At least 8 years	
	Blocks for electron microscopy	Keep for at least 30 years	
	Blood Bank Register, blood component audit trail and fates: ▪ Blood component supplier identification ▪ Issued blood component identification ▪ Transfused recipient identification ▪ Blood units not transfused; confirmation of subsequent disposition (discard/other use)	At least 30 years to allow full traceability of donor and recipient	

	▪ Lot number(s) or derived component(s) if relevant ▪ Date of transfusion or disposition (day, month and year)		
	Blood for grouping, antibody screening and saving and/or cross-matching	a) Keep for a minimum of 7 days from group and screen, stored at +4^{o}C. Samples must be available for a minimum of 3 days post-transfusion for investigation of acute transfusion reactions	
	Body fluids, aspirates and swabs	48 hours after final report. For deteriorated body fluids, aspirates and swabs discarded immediately after analysis.	
	Bound copies of reports/records, if made	30 years	
	Clinical Trials	For at least 15 years after completion or discontinuation of trial or for at least two years after the granting of the last marketing authorisation in the European Community or for at least 2 years after formal discontinuation of clinical development of the investigational period.	
	Correspondence on patients	This should be lodged in patient's record. Otherwise, keep for at least 30 years.	
	Daily work logs (day books and electronic equivalents) and other records of specimens received by a laboratory	8 Years from specimen receipt to ensure availability for review through at least 2 full cycles of laboratory accreditation.	
	Electrophoretic strips and immunofixation plates	Keep for 5 years, unless digital images	

		are taken. If digital images of adequate quality for diagnosis are taken, then the original preparations may be discarded after 2 years. The images should be stored as discussed under "Photographic Records", bearing in mind the need to maintain the ability to read archived digital images when equipment is updated.	
	Equipment maintenance logs	Instrument lifetime plus 1 full accreditation cycle (4 years).	
	External Quality Assurance (EQA) records	▪ Most external quality assessment (EQA)/proficiency testing providers maintain the capacity to regenerate reports of participant's performance rather than the individual records themselves. This capacity should be maintained for at least 5 years to allow retrospective review in the event of an official enquiry into performance and as a back up for retrieval of data needed by participants' for their next cycle of UKAS accreditation. This should apply equally to laboratory technical EQA schemes and schemes addressing clinical competence. Participants' returns (electronic or hard copy) received for data entry. These should be kept	

		for at lest 3 months (or one month after the report has been sent ot the participant, if longer), as working documents, to facilitate identification, checking and correction of discrepancies. Performance surveillance records including communications with and complaints from' Participants: • Ethical approval and consent records for donated material, • Quality assurance and safety documentation relating to circulated materials, including virus testing, where relevant, and homogeneity results from third-party suppliers, • Records of contractual agreements with commercial and NHS suppliers. Storage of such records is recommended for at least 5 years.	
	Foetal Serum	Because of its rarity and value for future research, wherever possible foetal serum should be kept for at least 30 years	
	Forensic material – criminal cases	In cases where criminal proceedings	

		can be anticipated, all recordings made at the autopsy, be they handwritten notes (by everyone i.e. pathologist, technician, trainee, etc), tape recordings, drawings or photographs, are all documentary records and as such their existence must be declared (disclosed) and they must be kept permanently. They must be available to all involved throughout the lifetime of the case, including appeals and other reinvestigations. They are not normally entered in the patient record.	
	Forensic Material – Autopsy Records, specimens, archived material and other, where the deceased has been the subject of a Coroner's autopsy.	a) HM Coroners or Procurators Fiscal have absolute dominion over autopsy reports. They are confidential to them and may not be released without their consent to any third party. It is good practice to lodge copies of autopsy reports in the deceased's notes but the consent of the Coroner or Procurator Fiscal should be obtained. b) Independent pathology practitioners undertaking post-mortem examinations on behalf of Coroners or Procurators Fiscal must ensure that they use facilities to store record and specimens that have governance arrangements equal to those pertaining to NHS	

		and academic institutions used for these purposes. Indeed all practices regarding retention and disposal of post-mortem records and specimens by such practitioners in the UK must be directly comparable to those applicable to practitioners directly employed by HTS-license NHS or academic instructions.	
	Permanently preserved cultures	Permanently retained.	
	Frozen dried or other permanently preserved cultures	These should be retained permanently where archived in collections accessible for reference and research, such as those nationally or locally recognised	
	Frozen tissue for immediate histological assessment (frozen section)	Stained microscope slide should be kept for a minimum of 10 years	
	Frozen tissue or cells for histochemical or molecular genetic analysis	Keep for at least 10 years and preferably longer if storage facilities permit. This advice includes EBV-transformed and fibroblast cell lines. Retention for at least 3 months (longer if space permits) is recommend for cytogenetic cell suspensions in fixative	
	Grids for electron microscopy	Requirements in different specialities differ: a) Grids prepared for human tissue diagnosis (e.g. renal, muscle, nerve or tumour) should be kept for 10 years; preferably longer b) Grids prepared for virus identification may be discarded 48 hours after the final report has	

		been issued, provided that all derived images are retained and remain accessible for at least 30 years	
	Human DNA and RNA	a) Keep for a minimum of 8 weeks after final report for diagnostic specimens b) At least 30 years if needed for family studies in those with genetic disorders or if stored as donor/recipient material in the context of cell or tissue transplantation	
	Internal quality control records	8 years	
	Laboratory file cards or other working records of test results for named patients	30 years One year from specimen receipt if all results transcribed into a separately issued and stored formal report. The diversity of these types of working records is very wide; within individual specialities and departments, consideration should be given to the potential audit or medicolegal value of storing such working records for 30 years, as for other primary records. It is recommended by the Royal College of Pathologists that results of tests undertaken by external laboratories, where records are held by those laboratories and the results are transcribed locally into a cross-referenced report, are regarded as such	

		working documents.	
	Mislabelled sample request forms	8 years, or at least 2 inspection cycles	
	Mislabelled samples log	8 years, or at least 2 inspection cycles	
	Museum specimens, where these are generally accessible for undergraduate or postgraduate study (teaching collections)	These may be retained permanently (provided there is no deterioration, or until replaced by a better specimen)	
	Newborn blood spot screening cards	A minimum of five years' storage is mandated as part of quality management, with long term storage recommended in accordance with the Public Health England NHS Newboard Blood Spot Screening Programme's *Code of Practice for the Retention & Storage of residual Spots (2005)*	
	Paraffin wax or resin embedded blocks for histology	Storage for at least 30 years is recommended, if facilities permit. If not, review the need for archiving at 10 years and select representative blocks, showing relevant pathology, for permanent retention	
	Pathological archive or museum catalogues	For as long as the specimens are held or until the catalogue is updated, subject to consent where required (with maintained and accessible documentation of consent)	
	Photographic records	Where images represent a primary source of information for the diagnostic process, whether conventional photographs (+/- negatives; e.g. for electron microscopy) or digital images,	

		they should be kept for at least 30 years. In practice, most such circumstances are rare; they may include, for example, some macroscopic specimen records and images from post-mortem examinations	
	Plasma and Serum	Keep for 48 hours after final report has been issued by the laboratory. In transplant centres, serum samples obtained from recipient(s) for the purpose of matching in cell/tissue transplantation, and their accompanying records, must be kept for the lifetime of the recipient. For transplant-related virology/microbiology samples, a minimum of 10 years for donor material, and 30 years for recipient material is recommended, which is consistent with SaBTO guidance on the microbilogical safety of human organs, tissue and cells used in transplantation; the associated virology/microbiology records should be stored retrievably for 30 years. Serum from the first pregnancy booking visit should be kept for two years by microbiology/virology and other relevant laboratories to provide a baseline for further serological or other test for infections or other disease during pregnancy and the first 12 months after delivery.	

		Sera for virological assessment of individuals dialysed overseas should be retained for one year. Wherever possible fetal serum (from cordocentesis) should be kept for 30 years. Serum taken after needlestick injury or other hazardous exposure should be kept for a minimum of 2 years. Other left-over sera or plasma should be stored for as long as practicable, to provide an array of material for future research and disease surveillance purposes. While long term storage may be impractical in many settings, virology centres and laboratories involved routinely in public health activities should retain sera for a minimum of one year to facilitate 'look-back' exercises, identification of emerging infections and vaccine programming monitoring.	
	Point-of-care test data	Results should be entered into the patient's record; the log of specimens analysed should be retained for at least the lifetime of instrument	
	Protocols of Standard Operating Procedures	Both current and outdated protocols should be dated and kept in a catalogued, accessible format for at least 30 years	
	Records of service inspections and instrument maintenance	Lifetime of instrument; plus a minimum of four years.	

	Records of telephoned or faxed reports	Note of the fact and date/time that a telephoned or faxed report has been issued should be added to the laboratory electronic record of the relevant report, or to hard copies, and kept for minimum of five years. Where management advice is discussed in telephone calls, a summarised transcript should be retained long term, as for retention of other correspondence. Clinical information or management advice provided by fax, in addition to pure transmission of a report, should also be kept as correspondence filed in the patient's notes and/or stored with a laboratory copy of the specimen request/report for 30 years.	
	Records relating to cell/tissue transplantation	Records not otherwise kept or issued to patient records that relate to investigations or storage of specimens relevant to cell/tissue transplantation, including donated organs from deceased individuals, should be kept for at least 30 years or the lifetime of the recipient, whichever is longer	
	Records relating to retention of semen, spermatozoa, oocytes and tissues for fertility assessment and use of assisted reproduction	Records not otherwise retained or issued to patients record that related to investigation or storage of specimens of semen, spermatozoa, testicular tissue, oocytes, ovarian tissue, embryos	

		created by IVF/ICSI, biopsied polar bodies, bastomeres and trophectoderma should be kept for 30 years.	
	Records relevant to production of diagnostic products or equipment	Comprehensive records relevant to procurement, use, modification and supply: at least 8 years	
	Refridgerator and freezer charts	These should be kept for 15 years	
	Reports and copies (physical or electronic)	6 months or as needed for operational purposes	
	Request forms	It is prudent to keep request forms until the authorised report, or reports on investigations arising from it. As this period of time may vary with local circumstances, with no recommended minimum retention time, but ordinarily request forms need not be kept for longer than one month after the final report has been dispatched. For many uncomplicated requests, retention for one week should suffice. Where paper directly duplicates an electronic request (e.g. many order comms systems), there is no absolute requirement to retain the paper copy. Where the request form contains clinical information nto readily accessible in the patient's notes in the interpretation of test data (as in screening for alpha fetoprotein,	

		cytogenetic and molecular genetics testing), the request should be kept for at least 30 years. Similarly, where the request form is used to record working notes or as a worksheet, it should be retained as part of the laboratory record unless the information is transcribed to another source (such as a computer record).	
	Request forms for grouping, antibody screening and cross-matching	Retain for 1 month	
	Results of grouping, antibody screening and other blood transfusion-related tests	Retain for 30 years, in compliance with the Blood Safety and Quality Regulations	
	Separated serum, or plasma, stored for transfusion purposes	a) Recipient plasma/serum samples should be stored for up to 14 days post-transfusion for investigation of a delayed transfusion reaction. b) Storage of donated serum/plasma should optimally be stored at -30^{o}C or colder. These materials may be stored for up to 6 months c) Archived blood donor samples should be stored by blood services for at least 3 years, and preferably longer if it is practicable, in order to facilitate 'look-back' exercises	
	Stained slides	a) Microbiological (e.g. cerebrospinal fluid preparations, malarial blood films, blood culture films, acid-fast bacilli cultures): 7 days after final report. Standard Gram-stained preparations from culture plates	

		may be discarded immediately after use b) Blood films, routine: 7 days after final report c) Cytogenetic preparations: 2 years after final report, if photographic or digitised record kept; 5 years otherwise. If photographed or digitised, the image should be stored with maintained accessibility for 30 years if feasible. d) Molecular genetic and molecular cytogenetic preparations (e.g. microarray slides, fluorescence *in-situ* hybridisation [FISH] slides): A representative photographed or digitised image should be captured for all patients and stored with maintained accessibility for 30 years. Long-term storage of fluorescently stained slides is problematic but these should be retained at least unit the final written report has been authorised and issued e) Bone marrow films: Stained films used for diagnosis, 30 years minimumCytology, including population screening: 10 years minimum, and longer if possible for audit purposes. f) Histology: at least 10 years, and longer if practicable g) Semi-permanent preparations such as direct immunoflurescence slides, used in variety of pathology disciplines, should be kept at least	

		until the final specimen report has been issued.	
	Storage of material following analyses of nuleic acids	Developing technologies means that there is ever-increasing variety of hard copy and/or electronic outputs associated with the analysis and interpretation of diagnostic tests using nucleic acids. It is recommended that such outputs should be stored for at least 30 years unless the technical details and interpretation are transcribed into a permanently accessible report formats authorised by senior clinical laboratory staff or pathologists. The latter reports should then be kept for at least 30 years, as for other pathology reports, and the machine outputs may be regarded as working documents. For such working documents, storage for at least 5 years is recommended.	
	Surgical (histological) reports	30 years	
	Whole blood samples, for full blood count	Retain specimens for 24 hours	
	Worksheets	At least 30 years to allow full traceability	
Quality & Regulatory	Audit (Internal, external, supplier, vendor, etc)	30 Years	
	Batch Issue History Sheets	Permanent	
	Batch Records (Externally Manufactured Product)	5 years	
	Batch Records (Finished Product)	Permanent	
	Batch Records (Intermediates)	Permanent	
	Batch Records (Raw Materials)	5 years	
	Change control	30 years	

	Commissioning Documents	Permanent	
	Defect Reports	Permanent	
	Donor Guidelines (Master Copy)	Permanent	
	Electronic Records held on: ▪ eProgesa ▪ Traceline ▪ Tissue Trace ▪ Proteus	 Minimum of 30 years Minimum of 30 years Minimum of 30 years 5 years	
	Environmental Monitoring Printouts and Records	30 years	
	Epidemiology Data	Permanent	
	Equipment Logbooks	30 years	
	External Inspection Reports (e.g. MHRA, HTA, CPA and Follow Up)	Permanent	
	GxP Risk Assessments	30 years	
	Haemovigilance records (SABRE/SHOT/HTA reports)	15 years	
	In-House Audits	30 years	
	Incident Reports	30 years	
	Legionella Water Check Records	5 years	
	Microbiological cultures	Most positive cultures, including viral cultures, can be discarded within 24-48 hours of issuing final authorised report. Specified cultures of clinical importance (e.g. blood culture isolates, cerebrospinal fluid isolates, enteric pathogens, multiple resistant or methicillin resistant *Staph. aureus,* 'outbreak' strains, *M. tuberculosis,* Group A streptococci, and unusual pathogens of clinical significance) should be retained for at least 7 days.	

		Where isolates have been referred to Reference Laboratories, they should be retained until receipt of the reference laboratory's final report.	
	Offsite Data Storage Records (StoreText, Iron Mountain, Advantage, RSS & Wincanton), e.g. Allocated Box Numbers, Reconciliation and Tracking Spreadsheets, Box Contents Lists	Permanent	
	Permit to Work books	10 years	
	PFC Aseptic Dispensing Records	5 years	
	PFC Autoclave Run Sheets	5 years	
	PFC Broth Fill Records	Permanent	
	PFC Crystalloid Product	Expiry + 1 year	
	PFC Good Laboratory Practice (GLP) Audit 1998 - 2005	Permanent	
	PFC Good Laboratory Practice (GLP) Study Records	Permanent	
	PFC Intermediate RFII Powders	Permanent	
	PFC Library Samples (4mM Sodium Chloride)	Permanent (Minimum no. of samples to be retained = 2)	
	PFC Library Samples (Albumin – all types)	Permanent (Minimum no. of samples to be retained = 2)	
	PFC Library Samples (Bottles)	Expiry + 5 years (Minimum no. of samples to be retained = 10)	
	PFC Library Samples (Calcium Chloride)	Permanent (Minimum no. of samples to be retained = 2)	
	PFC Library Samples (Chemicals)	Expiry + 1 year	
	PFC Library Samples (Closures)	Expiry + 5 years (Minimum no. of samples to be retained = 20)	
	PFC Library Samples (Coagulation Factors (e.g. FXIII, FIX))	Permanent (Minimum no. of samples to retained = 3)	

	PFC Library Samples (Crystalloids)	Expiry + 1 year (Minimum no. of samples to be retained = 1)	
	PFC Library Samples (Fibrin Sealant Kit)	Permanent (Minimum no. of samples to be retained = 2)	
	PFC Library Samples (Fibrinogen)	Permanent (Minimum no. of samples to be retained = 2)	
	PFC Library Samples (Intramuscular Gammaglobulin (IMG) all types)	Permanent (Minimum no. of samples to be retained = 4)	
	PFC Library Samples (Intravenous Gammaglobulin (IVG))	Permanent (Minimum no. of samples to be retained = 2 including WFI with batch). All Freeze-dried Intravenous Gammaglobulin (IVG) library samples should be stored in a cold room (+2°C to +8°C) up until the batch expiry date. After the expiry date it may be transferred to warehouse storage at room temperature if space in cold storage is limited. When this transfer takes place, it is acceptable to remove the Water for Injection (WFI) from the sample and to retain the 2 IVG samples in one box. This is done to relieve storage space. It does not affect the recovery of WFI library samples because these are already stored as separate units in the WFI library. This is covered by modification Proposal 01-026.	
	PFC Library Samples (Liquid Intravenous Gammaglobulin (LIG))	Permanent (Minimum no. of samples to be retained = 2)	
	PFC Library Samples (Needles)	Expiry + 5 years (Minimum no. of	

		samples to be retained = 10)	
	PFC Library Samples (Packaging – All types)	Permanent (Minimum no. of samples to be retained = 5) When storage capacity at PFC is exceeded, dry packaging (e.g. boxes, labels and leaflets) will be sent to a secure external store for archiving.	
	PFC Library Samples (Polysorbate 80 Diluent)	Permanent (Minimum no. of samples to be retained = 2)	
	PFC Library Samples (Syringes)	Expiry + 5 years (Minimum no. of samples to be retained = 5)	
	PFC Library Samples (Thrombin)	Permanent (Minimum no. of samples to be retained = 2)	
	PFC Library Samples (TRIS)	Permanent (Minimum no. of samples to be retained = 2)	
	PFC Library Samples (Water for Injection)	Expiry + 1 year (Minimum no. of samples to be retained = 2)	
	PFC NEQAS	Permanent	
	PFC NIBSC Records	Retain correspondence and information permanently, otherwise discard	
	PFC Reagents / Buffers / LISS	5 years from expiry, or 10 years if no expiry	
	PFC Self Inspections / In-House Audits	30 years	
	PFC Signature List	Permanent (unless finance then 3 years after last audit)	
	PFC Plasma Pools – Normal and Specific	Permanent	
	PFC Plasma Records / Transport / Plasma Recalls	Permanent	
	PFC Process Modifications	30 years	
	PFC Viral Kill Records	Permanent	
	PFC Water Dossier	Permanent	
	Product Licences	Permanent	

	Purchasing Specification	5 years	
	Pharmacovigilance Records	Permanent	
	Product Licences	Permanent	
	Product Recalls	Permanent	
	Quality Control Assay Results and Raw Data	30 years	
	Quality Questionnaires	30 years	
	Records of serious events	Records of any serious events which may affect the quality or safety of blood or blood components must be retained for at least 15 years.	
	Refrigeration and freezer charts	15 years	
	Registry	Permanent: Corporate and health records will not normally be retained for longer than the specified retention period. However a selection of records of long-term legal, administrative, epidemiological and/or historical value should be identified for permanent preservation. Such records should be transferred to an archive, either the organisation's own NHS archive or a local authority or university archive with which the organisation has an existing relationship. Section 33 of the Data Protection Act (1998) permits personal data identified as being of historical or statistical research value to be kept indefinitely as archives	
	Regulatory Affairs Records	Permanent	
	Stability Study Records / Results / Raw Data	Permanent	
	Standard Operating Procedures (SOPs): Master	Kept in a catalogued and accessible	

	copies of current, superseded, outdated and withdrawn SOPs	format for at least 30 years	
	Supplier data (documentation and general correspondence)	5 years	
	Supplier Validation Guidelines	5 years	
	Technical Agreement for Service Providers	5 years	
	Technical Reports	5 years	
	Test Kit Files	Permanent (move to SNBTS Registry)	
	Third Party Supplier Agreements	30 Years	
	Traceability records (blood and tissues)	30 years	
	Validations / Revalidations (PFC)	5 years	
	Validations / Revalidations (National)	30 years	
Research & Development	Confidential named patient data (documentation) collected in the course of investigation and held separately from patient's records	Should be destroyed or anonymise 6 months after the research has been completed, the data have been analysed and final publication of findings has been made. If further recourse to identifiable information is anticipated, it should be kept for as long as such a need may exist, if it is permissible under the Data Protection Act (1998); advice should be sought	
	Working records and other research data	Should be retained for at least 10 years to rebut allegations of scientific fraud but, wherever possible, these records should not include patient-identifiable data unless consent for such retention has been obtained. Records and clinical trial data on medicines must be kept for at least 15 years. The provisions of the Data Protection Act (1998) must be observed	

		for these as for other pathological records.	
Supply Chain	Donor Records – Master (Blood)	30 years	
	Donor Session Records and Session Reconciliation Paperwork	30 years	
	Donor Testing Records	30 years	
	Processing Batch Manufacturing Records (Miscellaneous documentation including: reconciliation, processing steps, cold chain, issues, transport)	Permanent	
	Records relating to donor or recipient sera	Serum samples obtained from recipient(s) for the purposes of matching in cell/tissue transplantation, and their accompanying records, must be kept for the lifetime of the recipient	
Tissue Services	Bacteriology results / positive culture records	Minimum of 30 years	
	Batch despatch form	1 year	
	Batch Record – Bone Donor	Minimum of 30 years after final fate of product	
	Batch Records – Islet Donor	Minimum of 30 years after final fate of product	
	Batch Record – Stem Cell Donor	Minimum of 30 years after final fate of product	
	Batch Record – Tissue Donor	Minimum of 30 years after final fate of product	
	Bone kit issue sheet	Retain until reconciliation of bone kits complete	
	Bone kit preparation form / record	Minimum of 30 years	
	Discard / Incineration Information / Clinical waste autoclave form	Minimum of 30 years	
	Cleaning Record - Equipment	3 year	

	Cleaning Record – Facility	Minimum of 30 years	
	Environmental monitoring results	Minimum of 30 years	
	Equipment Logbooks	Lifetime of equipment plus 4 years	
	GP Letter	Minimum of 30 years	
	Graft recipient form	Minimum of 30 years	
	Haematology Films (Stem Cell Patients)	Minimum of 30 years from final fate of product	
	Hospital issues and return form	Keep until issues and returns fully reconciled	
	Issue sheet produced by TT (Tissue Trace)	Keep until issues and returns fully reconciled	
	Kit ID Label	Minimum of 30 years	
	Logger record form	Minimum of 30 years	
	Manual stock check record	3 year	
	Notification of RP (Repeat Reactive) results	Minimum of 30 years	
	NSS transport request form	Keep until request has been reconciled	
	Release of reagents and consumables for use	Minimum of 30 years	
	Equipment sterilisation records	Minimum of 30 years	
	Temperature monitoring logs (fridge / freezer)	Minimum of 30 years	
	TREND Snapshot Report	3 years	
	Tissue product request form	Keep until request has been reconciled	
	Transport form	Minimum of 30 years	

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