

SBAR Report On Shortage/Backorder Event

S Situation

Notice Date: _____ Supplier Name: _____

Product Description: _____

Product Catalog #(s)*: _____ Impacted Lot #(s)*: _____

Disruption Type: FDA Recall Voluntary Recall Product Backorder (Specific To Manufacturer) Stockout (Specific To Distributor)

Other (Describe): _____

**If values do not fit in space provided, please attach a list.*

B Background

Issue Identification Date: _____ Supplier Business Unit: _____

Supplier Address: _____

Supplier Primary Contact: _____

Root Cause: Sterilization Packaging International Shipping Government Action Natural Disaster

Raw Material Availability: Material Of Concern _____

Country Of Origin _____

Other (Describe): _____

A Assessment

Degree of Impact: No Product Availability Limited Product Availability Allocation Product Availability Not Impacted

Other (Describe) _____

Estimated Disruption Duration:

List Exact Ship Date If Known: _____

Less Than One Week Two To Four Weeks Longer Than One Month

Other (Describe): _____

R Recommendation

If product is recalled, what should providers/distributors with current inventory do with that inventory?

Sequester Scrap

Visit the following URL for additional information: _____

Return product to listed address: _____

Proposed substitutes sold by our organization: _____

Possible substituted sold by our competitor(s): _____

Possible alternative therapies: _____

If additional documentation is available, please provide as a separate attachment.