



CENTRAL OFFICE USE ONLY

Case No.

Report of Transfusion Associated Infection

Guideline for case reporting: Report all clinically significant infections or infectious diseases in recipients of blood products that could have resulted from transfusion and for which another, more likely, cause is not apparent.

Instructions: Please complete and mail to: Blood Systems, Inc., Medical Affairs, 6210 E. Oak Street, Scottsdale, AZ 85257 or fax (480) 675-5766. If you have any questions please call 1-800-811-2581.

I. Reported By:

Name _____ Title _____
Telephone Number _____ Fax Number _____
Reporting Facility _____
Address _____
Signature _____ Date _____

II. Recipient Information: (It is important to provide all requested information)

Name _____ Sex _____ Date of Birth _____
Address _____

Diagnosis at time of transfusion _____

Type of TAI HIV Hepatitis B Hepatitis C HTLV Other _____

Other known risk factors _____

Date of diagnosis of TAI _____

Clinical history _____

Pertinent lab results including confirmatory tests when performed (Please include dates): _____

Transfusion history _____

Unit #	Date Transfused	Component Type*

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*Component type e.g., RBC, FFP, PLT, etc. Attach other pages if necessary.

III. UBS Evaluation

Case accepted Case rejected EC/Date _____

Notes _____