

**CENTRAL OFFICE USE ONLY**

Case No. \_\_\_\_\_

**Report of  
Transfusion Adverse Reaction**

**Guideline for case reporting:** Report all transfusion adverse reactions which occur in blood or blood component recipients when the reaction is suspected to be due to an attribute specific to the donor or the processing of the blood product. Timely reporting is important, so that, if appropriate, UBS may prevent the transfusion of other products from the same donor(s).

**NOTE:** *Transfusion associated viral infections* should be reported on the "Report of Transfusion Associated Infection" forms (BS 314).

**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 of person filling out form \_\_\_\_\_

Title of person filling out form \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Reporting Facility \_\_\_\_\_

Address \_\_\_\_\_

Blood Bank Medical Director \_\_\_\_\_ Phone Number \_\_\_\_\_

Date Submitted \_\_\_\_\_

**II. Recipient Information:**

Recipient Name \_\_\_\_\_

Gender:  Male  Female Recipient Date of Birth \_\_\_\_\_

Admitting/Primary Diagnosis \_\_\_\_\_

Current Medications \_\_\_\_\_

Patient's Attending Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

List transfusion history **BEFORE** reaction \_\_\_\_\_List transfusion history **AFTER** reaction \_\_\_\_\_Any history of transfusion reactions  Yes \_\_\_\_\_  No  Unknown

Indication for transfusion(s) \_\_\_\_\_

**III. Component Information:**

DIN	Component Type	Given how many hours prior to reaction	Volume Transfused (ml)



Pre-transfusion chest x-ray performed?  Yes  No  Unknown

Select all that apply

Presence of bilateral pulmonary infiltrates on **pre**-transfusion chest x-ray

Other findings \_\_\_\_\_

Post-transfusion chest x-ray performed?  Yes  No  Unknown

Select all that apply

Presence of bilateral pulmonary infiltrates on **post**-transfusion chest x-ray

Other findings \_\_\_\_\_

Fluid Balance (Input volume / Output volume) prior to transfusion \_\_\_\_\_

Cardiomegaly present on chest x-ray?  Yes  No  Unknown

Pre-transfusion BNP  <100 pg/ml  100-250 pg/ml  >250 pg/ml  Unknown  Not performed

Post-transfusion BNP  <100 pg/ml  100-250 pg/ml  >250 pg/ml  Unknown  Not performed

Elevated central venous pressure (>12-15 mm Hg)  Yes  No  Unknown  Not Performed

Elevated pulmonary wedge pressure (>18-20 mm Hg)  Yes  No  Unknown  Not Performed

Evidence of systolic dysfunction (ejection fraction <45%)?  Yes  No  Unknown  Not Performed

Evidence of diastolic dysfunction (E/E' >15)?  Yes  No  Unknown  Not Performed

Transient decrease in WBC count post-transfusion?  Yes  No  Unknown  Not Performed

Ratio of pulmonary edema albumin over plasma albumin >0.55 (suggestive of ALI rather than hydrostatic edema)?

Yes  No  Unknown  Not Performed

### Treatment and Clinical Course

What treatment did the patient receive post-transfusion? (Check all that apply)

O2 supplementation

Intubation and ventilatory support

Diuretics

Bronchodilators

Epinephrine

Steroids

Tylenol

Benadryl

Other \_\_\_\_\_

Did the patient respond to diuretics and improve clinically?  Yes  No  Unknown  Not treated with diuretics

Did the patient respond to other forms of therapy?  Yes  No  Unknown  N/A

If Yes, please describe therapies and response \_\_\_\_\_

Since the reaction, has the patient recovered with resolution of pulmonary infiltrates  Yes  No  Unknown  N/A

If Yes, how long after the reaction did resolution occur?  <24 hours  24-96 hours  >96 hours

### TRALI Testing, if performed

Recipient HLA Antigen type \_\_\_\_\_

Recipient Neutrophil Antigen type \_\_\_\_\_

Recipient HLA Class I Ab \_\_\_\_\_

Recipient HLA Class II Ab \_\_\_\_\_

Recipient Neutrophil Ab \_\_\_\_\_

If no testing has been performed, is an EDTA (purple top) sample available for antigen testing?  Yes  No

Any additional comments? \_\_\_\_\_

**VI. If Suspected Bacterial Contamination:**

Has the patient had a blood culture post-transfusion?  Yes  No  Unknown

Result \_\_\_\_\_

Is the patient currently being treated with antibiotics?  Yes  No  Unknown

Type \_\_\_\_\_

Was the patient being treated with antibiotics prior to transfusion?  Yes  No  Unknown

If Yes, what was the antibiotic and what was the patient being treated for? \_\_\_\_\_

Does patient have a history of fevers related to their underlying medical condition?  Yes  No  Unknown

Have gram stain and/or cultures been performed on any residual blood product associated with this reaction?

Yes  No  Unknown

If Yes, what was the blood product and result? \_\_\_\_\_

Have gram stain and/or cultures been performed on any retained segments from the blood products associated with this reaction?  Yes  No  Unknown

If Yes, from what blood product and what was the result? \_\_\_\_\_

Any additional comments? \_\_\_\_\_

**VII. If Other Type of Reaction:**

Please describe in further detail the reaction and pertinent work-up \_\_\_\_\_

Do you suspect this reaction is the result of an attribute specific to the donor or the processing of the blood product?

Yes  No  Unknown

Central Office Medical Affairs Conclusions and Recommendations:

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