



Center Information:

<b>Transfusion Service Only</b>	Date Received	
	Time Received	

## Report of Transfusion Reaction

**Transfusion Facility returns this form with the unit(s) in question, transfusion tubing, including infusion fluids, still connected to the unit(s), and patient post-reaction samples. Remove the needle prior to sending to the TS. Keep the tie tag attached to the unit.**

Date of Report:		Name of Person Completing Report:	
Patient Name (Last, First, Middle):			
BB or Hospital Armband ID #:		Facility Patient ID # (MRN), if used:	
Transfusion Facility:			
Contact Name:		Phone #:	
Date of Reaction:		Time of Reaction:	

Diagnosis:
Name of Physician (Ordering Tx Rxn):
Name of Transfusionist:

<b>Reaction Symptoms</b> <i>NOTE: Urticaria (hives) only do not require a transfusion reaction investigation.</i>					
Onset of Symptoms from Tx:	<input type="checkbox"/> During Tx or < 2 hours	<input type="checkbox"/> Within 6 hours	<input type="checkbox"/> > 6 hours		
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Hypotension	<input type="checkbox"/> Hematuria	<input type="checkbox"/> Nausea	<input type="checkbox"/> Vomiting	
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Dyspnea	<input type="checkbox"/> Chills	<input type="checkbox"/> Hives	<input type="checkbox"/> Fever	<input type="checkbox"/> Shock
<input type="checkbox"/> Pain Location:			Other:		

Vital Signs	Pre-Tx	Post-Tx
Temperature:		
Blood Pressure:		
Pulse:		

Unit	Unit ID #	Date Started	Time Started	Date Ended	Time Ended	Amount Given
1 <sup>st</sup>						
2 <sup>nd</sup>						

Component Type:  Leukoreduced RBC    Platelets    Plasma    Autologous RBC or WB    Other

Needle Gauge:	Medications added to IV Solution or Unit? <input type="checkbox"/> No <input type="checkbox"/> Yes
IV Solution:	
If Yes, List Medications:	

<b>Clerical Check</b>
Does Donation # on face of unit match Donation # on tag attached to component? <input type="checkbox"/> No <input type="checkbox"/> Yes
Does Patient's name and identification #(s) on armband match name and #(s) on tag attached to component? <input type="checkbox"/> No <input type="checkbox"/> Yes