



Center Information:

Transfusion Service Only	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:

Reaction Symptoms <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 st						
2 nd						

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:	

Clerical Check
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