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| **RECIPIENT ADVERSE EVENT REPORTING FORM INSTRUCTIONS** | | | | | | |
| Complete this form to report a suspected transfusion recipient adverse event for investigation.  Submit the completed form and any additional information/documentation to Versiti Donor Management.  [donormanagement@versiti.org](mailto:donormanagement@versiti.org) 1-800-343-7849 | | | | | | |
| **GENERAL INFORMATION** | | | | | | |
| Date of Report: | | Reporting Institution: | | | Form Completed By: | |
| Contact Name: | | | | Phone: | | |
| TS/BB Medical Director: | | | | Phone: | | |
| Attending Physician: | | | | Phone: | | |
| **PATIENT INFORMATION** | | | | | | |
| MRN/Patient’s Hospital ID Number: | | | Prior Transfusion?  Yes  No | | Patient Surviving?  Yes  No | |
| Date of Birth: | | | Admitting Diagnosis: | | | |
| **TYPE OF ADVERSE EVENT SUSPECTED** (check box) | | | | | | |
| Relevant Transfusion Transmitted Infection (RTTI):  HBV  HCV  HIV  Sepsis/Bacteremia  TRALI  Other RTTI or adverse event (specify): | | | | | | |
| **UNIT AND TRANSFUSION INFORMATION** (attach list if additional space required) | | | | | | |
| Unit ID: | | | Blood Product/Component: | | Transfusion Date/Time: | |
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| Complete this section for suspected **RELEVANT TRANSFUSION TRANSMITTED INFECTION (RTTI)** | | | | | | |
| **Pre-Transfusion Tests for RTTI** | | | | **Post-Transfusion Tests for RTTI** | | |
| Test | Test Date | | Result | Test | Test Date | Result |
|  |  | |  |  |  |  |
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| RTTI Risk Factors Other than Transfusion (if any): | | | | | | |

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| --- | --- | --- | --- |
| **VITAL SIGNS/LABORATORY RESULTS** (Complete this section for all adverse events except RTTI.) | | | |
| **Pre-Transfusion** | | **Post-Transfusion** | |
| Date: | Time: | Date: | Time: |
| Temp: | Blood Pressure: | Temp: | Blood Pressure: |
| Pulse: | Respirations: | Pulse: | Respirations: |
| Pulse Ox (SPO2) \_\_\_\_\_\_\_\_ % on:  Room Air or  Other: | | Pulse Ox (SPO2) \_\_\_\_\_\_\_\_ % on:  Room Air or  Other: | |
| WBC:  k/ μL | BNP:  pg/mL (suspected TRALI) | WBC:  k/ μL | BNP:  pg/mL (suspected TRALI) |
| Complete this section for suspected **TRALI** events | | | |
| Male  Female Number of Prior Pregnancies: \_\_\_\_\_\_\_\_\_  Date/Time symptoms began: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Record symptoms under Clinical Findings below)  Date/Time of Chest X-Rays (Attach pre/post and subsequent summaries) & Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Evidence of circulatory overload?  No  Yes; Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Evidence of respiratory complications/problems prior to transfusion?  No  Yes (attach chart summary) | | | |
| **Clinical Findings** (within 6 hours of transfusion) *(select all that apply):* | | | |
| Shortness of breath/tachypnea  Bilateral infiltrates on chest X-ray  Frothy endotracheal aspirate | | Mechanical Ventilation  Tachycardia  Hypotension | |
| **Other Potential Contributing Factors** *(select all that apply):* | | | |
| Acute pancreatitis  Aspiration  Burn injury  Cardiopulmonary bypass | Pneumonia  Severe sepsis  Shock  Toxic inhalation | Drug overdose  Lung contusion  Multiple trauma  Near drowning | Other: |
| **SEPSIS/BACTEREMIA** (Complete this section when bacterial contamination of a blood product is suspected.) | | | |
| Was empty/partial bag retrieved?  Yes  No | | Sealed?  Yes  No | |
| Stored in the refrigerator?  Yes  No | | Was bag cultured?  No  Yes; results: | |
| Did patient have blood cultures performed?  No  Yes; results: | |
| Was patient receiving antibiotics pre-transfusion/pre-culture?  No  Yes; specify: | | | |

**DM Staff Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Versiti medical director consulted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**