I. Patient Information

Patient Name:	**Pre-transfusion Sample Collection Date:**
Medical Record Number:	**Transfusion Date:**
Typenex Armband #:	**Post-transfusion Collection Date:**
Transfusion Facility:	**Date Reaction Reported to WrB:**
Ordering Physician:	**Diagnosis:**

II. Clinical Information – Completed by the Transfusing Facility – Return to WrB 2 full 5mL EDTA post-transfusion specimens along with bag(s), remaining product(s) and component IV fluids associated with the reaction. [REMOVE ALL NEEDLES].

Unit number	Type of Component
	☐ RBC ☐ Platelet
	☐ RBC ☐ Platelet

Vital Signs		
	Pre-transfusion	**Post-transfusion**
Temperature		
Blood Pressure		
Pulse		

Symptoms (at time of reaction)	☐Fever ☐Chills ☐Hypotension ☐Urticaria ☐Other (specify):_____

Time/Date of Report:	
Physician Notified/Time/Date:	
Signature of Reporting RN:	

III. Laboratory Investigation (First Tier Testing)

Preliminary Investigation		Initials/Date
Clerical Check OK? (Document any evidence of clinical error in the comments section below.)	☐ Yes ☐ No	
Pre-transfusion specimen hemolysis?	☐ Yes ☐ No	
Post-transfusion specimen hemolysis?	☐ Yes ☐ No	
Pre-transfusion DAT	☐ Pos ☐ Neg	
Post-transfusion DAT	☐ Pos ☐ Neg	

Post-transfusion ABO								
Anti-A	**Anti-B**	**Anti-A,B**	**Anti-D**	**Rh Control**	**A1 Cells**	**B Cells**	**Interp**	**Initals**

Extended investigation required?	☐ Yes ☐ No (If yes, proceed to Section IV)

IV. Extended Transfusion Reaction Investigation [Second Tier Testing]

ABO/Rh testing									
	Anti-A	**Anti-B**	**Anti-A,B**	**Anti-D**	**Rh Control**	**A1 Cells**	**B Cells**	**Interp**	**Initals**
Pre-transfusion									
Unit #									
Unit #									

Antibody Screen													
	SC I				**SC II**				**SC III**				Tech
	IS	37°C	AHG	CC	IS	37°C	AHG	CC	IS	37°C	AHG	CC	
Pre-transfusion													
Post-transfusion													

Compatibility Testing							
Unit #		**IS**	**37°C**	**AHG**	**CC**	**Interp**	**Tech**
	Pre-transfusion						
	Post-transfusion						
	Pre-transfusion						
	Post-transfusion						

Antigen Typing				
	Anti–	**Anti–**	**Anti–**	**Tech**
Pre-transfusion				
Post-transfusion				
Unit #				
Unit #				

V. Third Tier Testing

Antibody Identification (as required, see attached panel sheet(s))	
Pre-transfusion Antibody ID	
Post-transfusion Antibody ID	

Elution Studies (see attached)	
Pre-transfusion Eluate	
Post-transfusion Eluate	

Additional Testing	

Comments	

TS Management Review/Date	
Medical Director Review/Date	☐NA

VI. Transfusion Reaction Report

FINAL REPORT	
Patient Name:	**Pre-transfusion Sample Collection Date:**
Medical Record #:	**Transfusion Date:**
Typenex Armband #:	**Date Reaction Reported to WrB:**
Transfusion Facility:	**Ordering Physician:**

UNIT INFORMATION			
BUN:		**Component:**	
		Amount Transfused:	

REACTION CLASSIFICATION
(Completed by the Medical Director)

- ☐ Post Transfusion Purpura (PTP)
- ☐ Transfusion Associated Circulatory Overload (TACO)
- ☐ Transfusion Associated Dyspnea (TAD)
- ☐ Transfusion Associated Graft Vs. Host Disease (TAGVHD)
- ☐ Transfusion Related Acute Lung Injury (TRALI)
- ☐ Transfusion Transmitted Infection (TTI)
- ☐ Allergic Reaction
- ☐ Acute Hemolytic Transfusion Reaction (AHTR)
- ☐ Delayed Hemolytic Transfusion Reaction (DHTR)
- ☐ Delayed Serological Transfusion Reaction (DSTR)
- ☐ Hypotensive Transfusion Reaction
- ☐ Febrile Non-Hemolytic Transfusion Reaction (FNHTR)

Comments:

Medical Director or Designee:		**Final Report Date:**	
Printed Name of MD or Designee:			

Final Report Called to:		**By/date:**	