

Patient Name:

MRN#:

Location:

Suspected Adverse Transfusion Reaction Investigation Part II

Delayed Hemolytic Transfusion Reaction initiated by Blood Bank due to new antibody in eluate (COMPLETE PARTS A-F).

Date of last transfusion: \_\_\_\_\_ Location: \_\_\_\_\_

A. COMMUNICATION *	Date	Time	Tech	Unit(s) Returned			
				Donor Unit #	Product	ABO/Rh	Volume Returned
Reported to Blood Bank							
Time Unit(s)/Specimen(s) received in Blood Bank							
Reported to Medical Director and/or Pathology Resident							
Check for parts, splits				Product(s): RBC PLT Plasma Cryo (Circle) Quarantined? Y or N (Circle)			

\* Enter TRXI (Transfusion Reaction Initiated) message in PCW (not for delayed). Record in Adverse Reaction Log. Tech: \_\_\_\_\_

**B. CLERICAL CHECK**

Review Pre-transfusion and Post-transfusion documents

No Discrepancy  Discrepancy (explain)

**PRE/POST TRANSFUSION SPECIMEN TESTING:**

**C. HEMOLYSIS AND ICTERUS GRADING**

	Pre-Transfusion Sample	Post-Transfusion Sample	Blood Bag (If Applicable)
Hemolysis			
Icterus			

**D. POST TRANSFUSION ABO/RH**

Anti-A	Anti-B	Anti-D	SC	A1 Cells	B Cells	Interp	Tech

**E. DIRECT ANTIGLOBULIN TEST (DAT)**

PRE		IS	5 min	CC	Interp	Tech	POST		IS	5 min	CC	Interp	Tech
	Poly								Poly				
IgG							IgG						
C3d							C3d						
SC							SC						
Gel/SP							Gel/SP						

**F. UNIT ANTIGEN TYPING(S) (IF APPLICABLE)**

Donor Unit Number	Anti-_____	Anti-_____	Anti-_____

<b>Patient Name:</b> <b>MRN#:</b> <b>Location:</b>
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**Suspected Adverse Transfusion Reaction Investigation Part II**

<b>G. URINE TESTING</b>		<b>TECH</b>
<b>URINE SAMPLE RECEIVED?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Hemoglobin Dipstick Result</b>		
<b>Sediment Appearance</b>		

<b>H. MICROBIOLOGY (IF APPLICABLE)</b>			
<b>Donor Unit Number</b>	<b>Gram Stain</b>	<b>Culture Report</b>	<b>Date/Time/Tech</b>

<b>Medical Director/Pathology Resident: Refer to Pathology Notes in Wake One</b>	
Patient is approved for additional products? ** <input type="checkbox"/> Yes <input type="checkbox"/> No Date/Time:	
Name:	Signature:

\*\* Once approved, remove TRXI (Transfusion Reaction Initiated) message in PCW. Record in Adverse Reaction Log. Tech: \_\_\_\_\_

<b>Medical Director's Review:</b>	
Signature/Date:	Review/Date:
<i>MD</i>	<i>Management</i>

**Attach Part I to back of form**

*REFER TO PART III, if needed: Suspected Adverse Transfusion Reaction Investigation - Hemolytic Work-up*