## Report for Suspected Transfusion Reaction

Department of Laboratory Medicine

Sutter Roseville Medical Center

One Medical Plaza, Roseville, CA 95661

Ronald Rowberry M.D., Medical Director

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| Affix Patient Label: |

**Transfusion Services Review:**

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| Clerical Check: 🞏 Accurate 🞏 InaccurateCulture Submitted: 🞏 Yes 🞏 NoComments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Review Completed By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Interpretation:**

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| * Allergic-type transfusion reaction due to plasma proteins. Recommend medication with antihistamines. (ALLG)
* Possible febrile transfusion reaction, probably coincidental as leukoreduced blood products were provided. (FEBR)
* Possible bacterial contamination. Results to follow. (CULRX)

🞏 Physician notified if needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* No evidence of a hemolytic reaction. (NSP)
* Acute hemolytic transfusion reaction. (HEMLR)
 | * No evidence of hemolytic transfusion reaction.

 Clinical features raise possibility of TACO (Transfusion Associated Circulatory Overload).  (TACO) * Delayed hemolytic transfusion reaction due to defined antibody. Antigen negative RBC products will be provided. (DELAY)
* No evidence of hemolytic transfusion reaction. Clinical features raise possibility of TRALI (Transfusion Related Acute Lung Injury). (TRALI)
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**Reviewed By:**

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| Pathologist: | Date: |

**Culture Results**

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| 🞏 Bacterial Contamination not detected (BCND)🞏 Bacterial Contamination detected (BCD)Review by Pathologist:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Attach all relevant EPIC and Sunquest printouts, and patient workup forms for pathologist review.**

TS.POST 12.06-F:A-RV.03