

**TRANSFUSION MEDICINE
INVESTIGATION OF A TRANSFUSION REACTION**



ORDERING PHYSICIAN

PRACTITIONER ADMINISTERING AT THE TIME OF REACTION

TYPE OF PRODUCT TRANSFUSED & UNIT NUMBER

AMOUNT OF PRODUCT TRANSFUSED

DATE AND TIME TRANSFUSION STARTED

DATE AND TIME TRANSFUSION STOPPED

TYPE OF REACTION

<input type="checkbox"/>	CHILLS	<input type="checkbox"/>	RIGOR	<input type="checkbox"/>	DYSPNEA	<input type="checkbox"/>	OTHER
<input type="checkbox"/>	NAUSEA	<input type="checkbox"/>	PAIN	<input type="checkbox"/>	URTICARIA	<input type="checkbox"/>	

MEDICATION (IF ANY) GIVEN AFTER REACTION

PRACTITIONER SIGNATURE

FOR LAB USE ONLY

DATE AND TIME **POST**-TRANSFUSION REACTION SPECIMEN COLLECTED _____

PATIENT'S **POST**-TRANSFUSION SPECIMEN NUMBER _____

MACROSCOPIC APPEARANCE OF PATIENT'S **POST**-TRANSFUSION SERUM _____

PATIENT'S **PRE**-TRANSFUSION SPECIMEN NUMBER _____

MACROSCOPIC APPEARANCE OF PATIENT'S **PRE**-TRANSFUSION SERUM _____

SERUM BILIRUBIN **POST**-TRANSFUSION TOTAL _____ umol/L DIRECT _____ umol/L

URINALYSIS **POST**-TRANSFUSION BLOOD _____ PROTEIN _____ MICRO _____

	ABO GROUP	RH. TYPE	DIRECT ANTIGLOBULIN TEST
DONOR UNIT			
DONOR UNIT			
PRE -TRANSFUSION SPECIMEN			
POST -TRANSFUSION SPECIMEN			

PRE-TRANSFUSION		
	IS	MTS
DONOR UNIT		
DONOR UNIT		
SCREENING CELLS I		
SCREENING CELLS II		

POST-TRANSFUSION		
	IS	MTS
DONOR UNIT		
DONOR UNIT		
SCREENING CELLS I		
SCREENING CELLS II		



CONCLUSIONS _____ DATE _____ yyyy/mm/dd

VERBAL RESULT _____
PHONE TO _____ TECHNOLOGIST _____

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CULTURE & SENSITIVITY RESULT		DATE AND TECH INITIALS
UNIT NUMBER:		
DAY 1		
DAY 2		
DAY 3		
DAY 4		
DAY 5		

REVIEWED BY TS/DELEGATE _____

DATE _____

yyyy/mm/dd