## * Required Field

| Facility ID \#: | Adverse Reaction \#: |
| :---: | :---: |
| Patient Information |  |
| *Patient ID: $\quad$ *Gender: $\square \mathrm{M} \square \mathrm{F}$ *Date of birth: ___ /__ |  |
| *Patient's blood group: $\square \mathrm{A}+\square \mathrm{A}-\quad \square \mathrm{B}+\square \mathrm{B}-\quad \square \mathrm{O}+\square \mathrm{O}-\square \mathrm{AB}+\square \mathrm{AB}-$ |  |
| Reaction Details |  |
| *Date reaction occurred: 1 $\qquad$ 1 $\qquad$ <br> *Time reaction occurred: $\qquad$ $\qquad$ OR Time unknown (HH:MM) | *Facility location where reaction occurred: $\qquad$ |
| *Is this reaction associated with an incident? $\square$ | YES If YES, Incident \#: $\quad \square$ NO |

*Signs and symptoms, laboratory: (Check all that apply)
$\square$ Chills/rigors $\square$ Fever $\quad \square$ Urticaria $\quad \square$ Other skin rash $\quad \square$ Shortness of breath $\square$ Hypoxemia
$\square$ Decrease in blood pressure $\square$ Increase in blood pressure $\quad \square$ Diffuse hemorrhage $\square$ Shock $\square$ Jaundice
$\square$ Nausea/vomiting $\square$ Dark urine $\square$ Oliguria $\quad \square$ Hematuria $\quad \square$ Hemoglobinemia
$\square$ Abdominal pain $\square$ Back pain $\square$ Chest pain $\square$ Flank pain $\quad \square$ Headache $\square$ Pain at infusion site
$\square$ Other pain (specify)

Component Details (Use worksheet on page 3 for additional units)

| *Date / Time MM/DD/YYYY HH:MM | *Component code (Check system used) ISBT-128 Codabar | *\# of Units | Unit number *Required for TRALI, GVHD, Infection | *Unit expiration date MM/DD/YYYY | *Blood group of unit | Implicated in the adverse reaction? |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\begin{aligned} & \text { _I_l_-_-_ } \\ & \text { _-_ } \end{aligned}$ | - |  |  | _ 1 | $\square \mathrm{A}+\square \mathrm{B}+\square \mathrm{O}+\square \mathrm{AB}+$ $\square \mathrm{A}-\square \mathrm{B}-\square \mathrm{O}-\square \mathrm{AB}-$ $\square \mathrm{N} / \mathrm{A}$ |  |
|  | - - - |  |  | 1_1 | $\square \mathrm{A}+\square \mathrm{B}+\square \mathrm{O}+\square \mathrm{AB}+$ $\square \mathrm{A}-\square \mathrm{B}-\square \mathrm{O}-\square \mathrm{AB}-$ $\square \mathrm{N} / \mathrm{A}$ |  |
| Investigation Results (See Case Definition Criteria) |  |  |  |  |  |  |
| *Was a particular unit implicated in the adverse reaction? |  |  |  | YES | $\square \mathrm{NO}$ |  |
| Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304,306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242 m (d)). <br> Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666). <br> CDC 57.304 |  |  |  |  |  |  |

## Hemovigilance Adverse Reaction

N-SN
National Healthcare
Safety Network

```
*Adverse reaction (Select one):
    Allergic reaction, including anaphylaxis
    Hemolytic transfusion reaction:
    Acute hemolytic transfusion reaction (AHTR):
    \square \text { Immune Antibody:}
```

$\qquad$

``` -
```

Non-immune (specify)
$\qquad$

```
Delayed hemolytic transfusion reaction (DHTR): \(\square\) Immune Antibody:
``` \(\qquad\)
``` Non-immune (specify)
``` \(\qquad\)
```Delayed serologic transfusion reaction (DSTR): Antibody:
``` \(\qquad\)
```Febrile non-hemolytic transfusion reaction
```

```Hypotensive transfusion reaction
```

```Infection A. \(\square\) Bacterial (incl. sepsis)
```

```Viral Other
B. Organism (specify)
``` \(\qquad\)
``` Blood culture performed on unit:
``` \(\qquad\)
``` YES
``` \(\qquad\)
``` NO If YES, were any culture results positive \(\square\) YES Organism
``` \(\qquad\)
```NO Blood culture performed on recipient post-transfusion: \(\square\) YES NO If YES, were any culture results positive \(\square\) YES Organism
``` \(\qquad\)
```NO
```

```Post transfusion purpura (PTP)
```

```Transfusion associated circulatory overload (TACO)
```

```Transfusion associated dyspnea (TAD)
```

```Transfusion associated graft vs. host disease (TA-GVHD)
Has the patient received any non-irradiated blood product(s) in the past two months? \(\square\) Yes \(\square\) No
```

```Transfusion related acute lung injury (TRALI)
(Optional) Antibody studies performed:
\begin{tabular}{|l|c|c|c|c|c|c|}
\hline & & & \multicolumn{4}{|c|}{ Test result positive (+) } \\
\cline { 4 - 7 } & \begin{tabular}{l} 
Not \\
Done
\end{tabular} & Negative & \begin{tabular}{l} 
Cognate or cross \\
reacting antigen \\
present
\end{tabular} & \begin{tabular}{l} 
No cognate or \\
cross reacting \\
antigen present
\end{tabular} & \begin{tabular}{l} 
Not tested for \\
cognate \\
antigen
\end{tabular} \\
\hline Donor or unit HLA specificity & \(\square\) & \(\square\) & \(\square\) & \(\square\) & \(\square\) & \(\square\) \\
\hline Donor or unit HNA specificity & \(\square\) & \(\square\) & \(\square\) & \(\square\) & \(\square\) & \(\square\) \\
\hline Recipient HLA specificity & \(\square\) & \(\square\) & \(\square\) & \(\square\) & \(\square\) & \(\square\) \\
\hline Recipient HNA specificity & \(\square\) & \(\square\) & \(\square\) & \(\square\) & \(\square\) \\
\hline
\end{tabular}
```

Unknown pathophysiology
Other (specify)

## i. Meets Case Definition Criteria: Def $=$ Definitive, Pro $=$ Probable, Pos $=$ Possible, NA

ii. Grade: $N S=$ Non-severe, $S=$ Severe, $L T=$ Life-threatening, $D=$ Death, $N D=$ Not Determined
iii. Relationship to Transfusion: Def =Definite, Pro =Probable, Pos =Possible, Dou=Doubtful, $R O=$ Ruled out, ND
*For adverse reaction selected indicate: i. Case Definition Criteria $\qquad$ ii. Grade $\qquad$ iii. Relationship $\qquad$

## Outcome

* $\square$ Death+ $\square$ Major or long-term sequelae $\square$ Minor or no sequelae $\square$ Not determined

Date of death $\qquad$ I__1 1
+Note: deaths attributable to transfusion must be reported to FDA
If recipient died, relationship of transfusion to death:
$\square$ Definite $\square$ Probable $\square$ Possible $\square$ Doubtful Ruled out $\square$ Not determined

## Custom Fields:

## Hemovigilance Adverse Reaction



## Hemovigilance Adverse Reaction

Worksheet for Additional Units

| Component Details |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| ＊Date／Time MM／DD／YYYY HH：MM | ＊Component code（Check system used） ISBT－128 Codabar | ＊\＃of Units | Unit number ＊Required for TRALI， GVHD，Infection | ＊Unit expiration date MM／DD／YYYY | ＊Blood group of unit | Implicated in the Adverse Reaction？ |
| $\begin{aligned} & 1+1 \\ & --1-- \end{aligned}$ | －－－－ |  | $\begin{aligned} & \therefore-ー-ー \\ & -二---- \end{aligned}$ | －1＿1＿ | $\begin{aligned} & \square \mathrm{A}+\square \mathrm{B}+\square \mathrm{O}+\square \mathrm{AB}+ \\ & \square \mathrm{A}-\square \mathrm{B}-\square \mathrm{o}-\square \mathrm{AB}- \\ & \square \mathrm{N} / \mathrm{A} \end{aligned}$ | $\square$ |
| -I_I:- | －－－ |  | $\begin{aligned} & \text { 二ーーーー } \\ & \text {-二-ー--- } \end{aligned}$ | －1＿1＿ | $\begin{aligned} & \square \mathrm{A}+\square \mathrm{B}+\square \mathrm{O}+\square \mathrm{AB}+ \\ & \square \mathrm{A}-\square \mathrm{B}-\square \mathrm{o}-\square \mathrm{AB}- \\ & \square \mathrm{N} / \mathrm{A} \end{aligned}$ | $\square$ |
| -1_-_- | －－－－ |  | $\begin{aligned} & \text { 二ーーー- } \\ & \text { 二-ー---- } \end{aligned}$ | －1＿1＿ |  | $\square$ |
| $\text { - } 1$ | －－－－－ |  | $\begin{aligned} & \text { 二ーーーー } \\ & \text {-二-ー--- } \end{aligned}$ | －1＿1＿ | $\begin{aligned} & \square \mathrm{A}+\square \mathrm{B}+\square \mathrm{O}+\square \mathrm{AB}+ \\ & \square \mathrm{A}-\square \mathrm{B}-\square \mathrm{o}-\square \mathrm{AB}- \\ & \square \mathrm{N} / \mathrm{A} \end{aligned}$ | $\square$ |
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| - | －－－－ |  |  | －1＿－ | $\square \mathrm{A}+\square \mathrm{B}+\square \mathrm{O}+\square \mathrm{AB}+$ $\square \mathrm{A}-\square \mathrm{B}-\square \mathrm{O}-\square \mathrm{AB}-$ $\square \mathrm{N} / \mathrm{A}$ | $\square$ |
| - | －－－－－ |  |  | －1＿1－ | $\begin{aligned} & \square \mathrm{A}+\square \mathrm{B}+\square \mathrm{O}+\square \mathrm{AB}+ \\ & \square \mathrm{A}-\square \mathrm{B}-\square \mathrm{o}-\square \mathrm{AB}- \\ & \square \mathrm{N} / \mathrm{A} \end{aligned}$ | $\square$ |
| - | －－－－ |  | $\begin{aligned} & \therefore-ー-ー \\ & -二---- \end{aligned}$ | －1＿1－ | $\begin{aligned} & \square \mathrm{A}+\square \mathrm{B}+\square \mathrm{O}+\square \mathrm{AB}+ \\ & \square \mathrm{A}-\square \mathrm{B}-\square \mathrm{o}-\square \mathrm{AB}- \\ & \square \mathrm{N} / \mathrm{A} \end{aligned}$ | $\square$ |
| -I_- | －－－－ |  | $\begin{aligned} & -ー-ー- \\ & -च---- \\ & --- \end{aligned}$ | －1＿1－ | $\square \mathrm{A}+\square \mathrm{B}+\square \mathrm{O}+\square \mathrm{AB}+$ $\square \mathrm{A}-\square \mathrm{B}-\square \mathrm{O}-\square \mathrm{AB}-$ $\square \mathrm{N} / \mathrm{A}$ | $\square$ |
| -I_- | －－－－－ |  | $\begin{aligned} & \therefore-ー-ー \\ & -二---- \end{aligned}$ | －1＿1－ | $\square \mathrm{A}+\square \mathrm{B}+\square \mathrm{O}+\square \mathrm{AB}+$ $\square \mathrm{A}-\square \mathrm{B}-\square \mathrm{o}-\square \mathrm{AB}-$ $\square \mathrm{N} / \mathrm{A}$ | $\square$ |

