Hemovigilance Adverse Reaction



* Required Field

Facility ID #:			Adverse	Reaction #:				
Patient Information								
*Patient ID: *Gender:								
*Patient's bloc	od group: 🗌 A+	A B+	B] O+	AB+ AB-			
Reaction Det	ails							
*Date reaction occurred:// *Time reaction occurred:: (HH:MM)				*Facility location where reaction occurred:				
OR Time unkn		(1111.141141)						
*Is this reaction associated with an incident? YES If YES, Incident #: NO								
*Signs and syn	nptoms, laborato	ory: (Check all th	at apply)					
				_	ss of breath 🗌 Hypoxemia			
			•		morrhage 🗌 Shock 🗌 Jau	ndice		
☐ Nausea/vomiting ☐ Dark urine ☐ Oliguria ☐ Hematuria ☐ Hemoglobinemia								
I =					lache Pain at infusion	site		
Other pain	(specify)		Other (spe	cify)				
Component D	etails (Use wo	rksheet on pag	ae 3 for a	dditional uni	its)			
*Date / Time MM/DD/YYYY HH:MM	*Component code (Check system used) ISBT-128 Codabar	*# of Unit num Units *Required TRALI, GV Infection	nber d for	*Unit expiration date MM/DD/YYYY	*Blood group of unit	Implicated in the adverse reaction?		
//				_/_/				
:								
//				_/_/	□A+ □B+ □O+ □AB+ □A- □B- □O- □AB- □N/A			
:								
Investigation Results (See Case Definition Criteria)								
*Was a particu	lar unit implicate	ed in the adverse	e reaction?	? YES	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 242m(d)). 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).								
CDC 57.304								

Hemovigilance Adverse Reaction



	e reaction (Select <u>one</u>): gic reaction, including anaphy	laxis						
Hemolyt	tic transfusion reaction:							
Acute hemolytic transfusion reaction (AHTR):								
	☐ Immune Antibody: ☐ Non-immune (specify)							
D	Delayed hemolytic transfusion reaction (DHTR):							
	☐ Immune Antibody: ☐ Non-immune (specify)							
	Delayed serologic transfusion reaction (DSTR): Antibody:							
Febr	Febrile non-hemolytic transfusion reaction							
 Нурс	Hypotensive transfusion reaction							
☐ Infec	ction A. 🗌 Bacterial (incl. sep	sis)	Viral	Other B. Organisı	m (specify)			
Bloo	d culture performed on <u>unit</u> :	YES	□ NO					
If YE	S, were any culture results po	sitive	YES Or	ganism	NO			
Bloo	d culture performed on <u>recipi</u>	ent post	-transfusic	n: YES NC)			
If YE	S, were any culture results po	sitive	YES Or	ganism	NO			
☐ Post	transfusion purpura (PTP)							
Tran	sfusion associated circulatory	overloa	d (TACO)					
	sfusion associated dyspnea (7							
Tran	sfusion associated graft vs. ho	st disea	se (TA-GV	HD)				
Has	the patient received any non-	irradiate	ed blood pi	roduct(s) in the pas	t two months?	Yes No		
☐ Tran	sfusion related acute lung inju	ıry (TRA	LI)					
(Optional) Antibody studies performed:								
(Opti	Test result positive (+)							
Ори								
(Ορα	The state of the s	Not	Nogotivo	Cognate or cross reacting antigen	No cognate or cross reacting	Not tested for cognate		
Ори			Negative	Cognate or cross	No cognate or			
(Ори	Donor or unit HLA specificity Donor or unit HNA specificity	Not	Negative	Cognate or cross reacting antigen	No cognate or cross reacting	cognate		
СОРЫ	Donor or unit HLA specificity Donor or unit HNA specificity Recipient HLA specificity	Not	Negative	Cognate or cross reacting antigen	No cognate or cross reacting	cognate		
	Donor or unit HLA specificity Donor or unit HNA specificity Recipient HLA specificity Recipient HNA specificity	Not	Negative	Cognate or cross reacting antigen	No cognate or cross reacting	cognate		
☐ Unkn	Donor or unit HLA specificity Donor or unit HNA specificity Recipient HLA specificity Recipient HNA specificity own pathophysiology	Not	Negative	Cognate or cross reacting antigen	No cognate or cross reacting	cognate		
Unkn	Donor or unit HLA specificity Donor or unit HNA specificity Recipient HLA specificity Recipient HNA specificity own pathophysiology r (specify)	Not Done		Cognate or cross reacting antigen present	No cognate or cross reacting	cognate		
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Label	
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Comments:	

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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?		
:			 	_/_/	□A+ □B+ □O+ □AB+ □A- □B- □O- □AB- □N/A			
//				_/_/	A+B+O+AB+ ABOAB- N/A			
//			 	_/_/	A+			
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//				_/_/	A+B+O+AB+ ABOAB- N/A			