Form Approved
OMB No. 0920-0666
Exp. Date: xx/xx/20xx

www.cdc.gov/nhsn

Hemovigilance Module
Adverse Reaction

*Required for saving

*Facility ID#: _____ | NHSN Adverse Reaction #: _____

Patient Information

*Patient ID: _____ *Gender: ☐ M ☐ F ☐ Other *Date of Birth: __ __/__ __/__ __ __ __

Social Security #: _____ Secondary ID: _____ Medicare #: _____

Last Name: _____ First Name: _____ Middle Name: _____

Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Not Latino

Race ☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian/Other Pacific Islander ☐ White

*Blood Group: ☐ A- ☐ A+ ☐ B- ☐ B+ ☐ AB- ☐ AB+ ☐ O- ☐ O+ ☐ Type and crossmatch not done

*Primary underlying reason for transfusion: ☐ Coagulopathy ☐ Genetic Disorder ☐ Hematology Disorder ☐ Hemolysis ☐ Internal Bleeding ☐ Malignancy ☐ Medical ☐ Surgery ☐ Unknown ☐ Other (specify) _____

Reaction Details

*Date reaction occurred: __ __/__ __/__ __ __ __

*Time reaction occurred: __ __:__ __ (HH:MM) ☐ Time unknown

*Facility location where patient was transfused: _____

*Is this reaction associated with an incident? ☐ Yes ☐ No If Yes, Incident #: _____

*Signs and symptoms, laboratory: (check all that apply)

Cardiovascular:	**Cutaneous:**	**Pain:**
☐ Blood pressure decrease	☐ Edema	☐ Abdominal pain
☐ Shock	☐ Flushing	☐ Back pain
Hemolysis/Hemorrhage	☐ Jaundice	☐ Flank pain
☐ Disseminated intravascular coagulation	☐ Other rash	☐ Infusion site pain
☐ Hemoglobinemia	☐ Pruritus (itching)	**Respiratory:**
☐ Positive antibody screen	☐ Urticaria (hives)	☐ Bilateral infiltrates on chest x-ray
Generalized:	**Renal:**	☐ Bronchospasm
☐ Chills/rigors	☐ Hematuria	☐ Cough
☐ Fever	☐ Hemoglobinuria	☐ Hypoxemia
☐ Nausea/vomiting	☐ Oliguria	☐ Shortness of breath

☐ Other: (specify)
_____

Assurance of Confidentiality: The voluntarily provided 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 15 minutes per response, including the time for reviewing instructions,

Investigation Results (Use case definition criteria in protocol.)

*Adverse reaction: (check one)

- ☐ Allergic reaction, including anaphylaxis
- ☐ Acute hemolytic transfusion reaction (AHTR)
  - ☐ Immune Antibody: _____ ☐ Non-immune (specify) _____
- ☐ Delayed hemolytic transfusion reaction (DHTR)
  - ☐ Immune Antibody: _____ ☐ Non-immune (specify) _____
- ☐ Delayed serologic transfusion reaction (DSTR) Antibody(ies): ____ ____ ____ ____ ____ ____
- ☐ Febrile non-hemolytic transfusion reaction (FNHTR)
- ☐ Hypotensive transfusion reaction
- ☐ Infection
  - Was a test to detect a specific pathogen performed on the recipient post-transfusion?
    ☐ Yes ☐ No If Yes, positive or reactive results? ☐ Yes ☐ No
    Org1 _____ Org2 _____ Org3 _____
  - Was a test to detect a specific pathogen performed on the donor post-donation?
    ☐ Yes ☐ No If Yes, positive or reactive results? ☐ Yes ☐ No
    Org1 _____ Org2 _____ Org3 _____
  - Was a test to detect a specific pathogen performed on the unit post-transfusion? (i.e., culture, serology, NAT)
    ☐ Yes ☐ No If Yes, positive or reactive results? ☐ Yes ☐ No
    Org1 _____ Org2 _____ Org3 _____
- ☐ Post transfusion purpura (PTP)
- ☐ Transfusion associated circulatory overload (TACO)
- ☐ Transfusion associated dyspnea (TAD)
- ☐ Transfusion associated graft vs. host disease (TA-GVHD)
  - Did patient receive non-irradiated blood product(s) in the two months preceding the reaction? ☐ Yes ☐ No
- ☐ Transfusion related acute lung injury (TRALI)

Antibody studies performed: (optional)

	Not Done	Negative	Test result positive		
			Cognate or cross reacting antigen present	No cognate or cross reacting antigen present	Not tested for cognate antigen
Donor or unit HLA specificity	☐	☐	☐	☐	☐
Donor or unit HNA specificity	☐	☐	☐	☐	☐
Recipient HLA specificity	☐	☐	☐	☐	☐
Recipient HNA specificity	☐	☐	☐	☐	☐

- ☐ Unknown
- ☐ Other (specify) _____

*Case definition criteria: ☐ Definitive ☐ Probable ☐ Possible ☐ N/A

*Severity: ☐ Non-severe ☐ Severe ☐ Life-threatening ☐ Death ☐ Not determined

*Imputability: ☐ Definite ☐ Probable ☐ Possible ☐ Doubtful ☐ Ruled Out ☐ Not determined

Outcome

*Outcome: ☐ Death+ ☐ Major or long-term sequelae ☐ Minor or no sequelae ☐ Not determined

Date of Death: __ __/__ __/__ __ __ __ **+Deaths attributable to transfusion must be reported to FDA.**

^If recipient died, relationship of transfusion to death:

☐ Definite ☐ Probable ☐ Possible ☐ Doubtful ☐ Ruled Out ☐ Not determined

Component Details (Use worksheet on page 4 for additional units.)

*Was a particular unit implicated in (i.e., responsible for) the adverse reaction? ☐ Yes ☐ No ☐ N/A

*Transfusion **End** Date/Time	*Component code (check system used)	*# of units	^Unit number *Required for TRALI, GVHD, Infection*	*Unit expiration Date/Time	*Blood group of unit	Implicated in the adverse reaction?
^IMPLICATED UNIT						
____/____/_____ ___ ___:___ ___	☐ ISBT-128 ☐ Codabar ___ ___ ___ ___ ___	1	__ __ __ __ __ __ __ __ __ __ __ __ __ __ __	___/___/_____ ___ ___:___ ___	☐ A- ☐ A+ ☐ B- ☐ B+ ☐ AB- ☐ AB+ ☐ O- ☐ O+ ☐ N/A	Y
____/____/_____ ___ ___:___ ___	☐ ISBT-128 ☐ Codabar ___ ___ ___ ___ ___		__ __ __ __ __ __ __ __ __ __ __ __ __ __ __	___/___/_____ ___ ___:___ ___	☐ A- ☐ A+ ☐ B- ☐ B+ ☐ AB- ☐ AB+ ☐ O- ☐ O+ ☐ N/A	N
____/____/_____ ___ ___:___ ___	☐ ISBT-128 ☐ Codabar ___ ___ ___ ___ ___		__ __ __ __ __ __ __ __ __ __ __ __ __ __ __	___/___/_____ ___ ___:___ ___	☐ A- ☐ A+ ☐ B- ☐ B+ ☐ AB- ☐ AB+ ☐ O- ☐ O+ ☐ N/A	N

Custom Fields

Label		Label	
_____	__ __/__ __/__ __ __ __	_____	__ __/__ __/__ __ __ __
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments

_____

_____

_____

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Component Details (continued)

*Transfusion **End** Date/Time	*Component code (check system used)	*# of units	^Unit number *Required for TRALI, GVHD, Infection*	*Unit expiration Date/Time	*Blood group of unit	Implicated in the adverse reaction?
___/___/_____ ___ ___:___ ___	☐ ISBT-128 ☐ Codabar ___ ___ ___ ___ ___		__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __	___/___/_____ ___ ___:___ ___	☐ A- ☐ A+ ☐ B- ☐ B+ ☐ AB- ☐ AB+ ☐ O- ☐ O+ ☐ N/A	N
___/___/_____ ___ ___:___ ___	☐ ISBT-128 ☐ Codabar ___ ___ ___ ___ ___		__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __	___/___/_____ ___ ___:___ ___	☐ A- ☐ A+ ☐ B- ☐ B+ ☐ AB- ☐ AB+ ☐ O- ☐ O+ ☐ N/A	N
___/___/_____ ___ ___:___ ___	☐ ISBT-128 ☐ Codabar ___ ___ ___ ___ ___		__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __	___/___/_____ ___ ___:___ ___	☐ A- ☐ A+ ☐ B- ☐ B+ ☐ AB- ☐ AB+ ☐ O- ☐ O+ ☐ N/A	N
___/___/_____ ___ ___:___ ___	☐ ISBT-128 ☐ Codabar ___ ___ ___ ___ ___		__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __	___/___/_____ ___ ___:___ ___	☐ A- ☐ A+ ☐ B- ☐ B+ ☐ AB- ☐ AB+ ☐ O- ☐ O+ ☐ N/A	N
___/___/_____ ___ ___:___ ___	☐ ISBT-128 ☐ Codabar ___ ___ ___ ___ ___		__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __	___/___/_____ ___ ___:___ ___	☐ A- ☐ A+ ☐ B- ☐ B+ ☐ AB- ☐ AB+ ☐ O- ☐ O+ ☐ N/A	N
___/___/_____ ___ ___:___ ___	☐ ISBT-128 ☐ Codabar ___ ___ ___ ___ ___		__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __	___/___/_____ ___ ___:___ ___	☐ A- ☐ A+ ☐ B- ☐ B+ ☐ AB- ☐ AB+ ☐ O- ☐ O+ ☐ N/A	N
___/___/_____ ___ ___:___ ___	☐ ISBT-128 ☐ Codabar ___ ___ ___ ___ ___		__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __	___/___/_____ ___ ___:___ ___	☐ A- ☐ A+ ☐ B- ☐ B+ ☐ AB- ☐ AB+ ☐ O- ☐ O+ ☐ N/A	N