Alberta Health Services

LABORATORY REPORT TO CANADIAN BLOOD SERVICES OF SERIOUS ADVERSE REACTION

LABORATORY USE ONLY – NOT FOR CLINICAL USE

AHS Unique Identifier _____
(*e.g. Accession#, Site assigned #***)**

CBS Diagnostics Unique Identifier _____
(CBS performing investigation)

Gender ☐ **Male** ☐ **Female**

Date of Birth _____/_____/_____
Month Day Year

Pt. ABO and Rh Group _____

Reason for Transfusion: _____

Primary Diagnosis:_____

Contact Information:

_____
Print Name Initials Date

Phone#:_____

Reaction Date _____ **Time** _____

Facility _____

Premedication: If yes, Specify Drug(s):

_____

Clinical Signs and Symptoms

☐ Chills/Rigors ☐Hemoglobinuria ☐Nausea/Vomiting ☐ Shock ☐ Fever ☐ Hemorrhage ☐Tachycardia ☐ Oliguria

☐ Urticaria ☐ Hypertension ☐Hypertension ☐ Jaundice ☐ Dyspnea ☐ Hypoxemia (PaO_2 or SaO_2_____)

☐ Pain, Specify: _____ ☐ Other: _____

Temp: Pre _____**Post**_____	**Resp: Pre** _____**Post**_____	**BP: Pre** _____**Post**_____	**Pulse: Pre** _____**Post**_____

Measures Taken

☐ None Required ☐Chest X-ray ☐ Analgesics ☐ Diuretics ☐ Other, Specify:_____
☐ Transfusion Stopped ☐ Supplementary O2 ☐ Antipyretics ☐ Steroids _____
☐ Transfusion Restarted ☐ Mechanical Ventilation ☐ Antihistamines ☐ Patient Blood Culture Ordered
☐ ICU Required ☐ Vasopressors ☐ Antibiotics ☐ Blood (Component Cultures Ordered)

Blood Components Transfusion Reaction (eg. Red Cells, Plasma, Platelets, Cryo)

Donor ABO/RH	Component Type	Donation Number (Including Centre Code)	Volume Given (mL)	Date/Time Started	Date/Time Finished	Expiry Date	Component Code	Component Modifiers

Results of investigation and comments

Relationship of adverse reaction to transfusion ☐ Definite ☐ Probable ☐Doubtful ☐ Ruled Out ☐ Not determined
Severity of adverse reaction ☐ Non-Severe ☐ Severe ☐Life-threatening ☐ Death ☐ Not determined
Outcome ☐ Death ☐ Major Long-term sequelae ☐Minor (no sequelae) ☐ Not determined

Interpretation completed by (initials):_____

Physician/TM Medical Director Signature (or designate):

Signature:_____**Date:**_____