REPORT OF SUSPECTED ADVERSE REACTION DUE TO CONTENT OF PRODUCT(S)

Case # ___________________ Initiated By: __________________

Suspected Complication:  Hemolytic Reaction  TRALI
             Bacterial Contamination  Other ___________________

Date/Time of Report: _______________ Hospital Staff’s Name: ___________________

Reporting Facility: ___________________ Reporting Physician: __________________

Patient Name/ ID: ___________________

DOB: ____________   M / F   Patient’s Blood Type: ________________

Description of Incident/ Symptoms: _________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Other etiologies being investigated____________ Chest X-ray?  Y Result: _______ N

Suspected Product(s):

<table>
<thead>
<tr>
<th>Unit #</th>
<th>Component</th>
<th>Blood Type</th>
<th>Exp Date</th>
<th>Date/Time Issued</th>
<th>Date/Time Reaction Noted</th>
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Additional Information

Patient Diagnosis: _________________________ Reason for transfusion: ______________

Physical location of patient upon reaction_________ Transferred to ICU?   Y / N

If in OR, surgical procedure performed? ___________ Current status of patient_______

Previous Transfusions? Y / N (If Y, dates/products) ___________________________

If Y, Previous Reactions Reported? ___________________________________________

Results of the Transfusion Service Reaction Workup:

Pre-Transfusion Sample:   ABO/Rh _____ ABSC _____ DAT _____

Post Transfusion Sample:  ABO/Rh _____ ABSC _____ DAT _____ Hemolysis Noted? _____

Other Notes: ________________________________________________________________
______________________________________________________________________________________________

SEE REVERSE SIDE FOR DOCUMENTATION OF BBD INVESTIGATION
REPORT OF SUSPECTED ADVERSE REACTION DUE TO CONTENT OF PRODUCT(S)

Case # _________________

Results of Investigation: