

Report of a Transfusion Related Acute Lung Injury (TRALI) Reaction

Section I: Clinical Information
(Completed by Transfusion Facility)

Blood Center Use Only
QR No.

Reporting Facility:	Reported By:	Date Reported:
Patient Name:	DOB :	Sex: <input type="checkbox"/> F <input type="checkbox"/> M
Primary Diagnosis(es):		
Attending Physician:	Physician Ph.# :	
Date of Reaction Onset:	Time of Onset:	
Reaction meets <u>ALL</u> criteria for TRALI (see definition below): <input type="checkbox"/> No <input type="checkbox"/> Yes		
Fatality?: <input type="checkbox"/> No <input type="checkbox"/> Yes ► Date and time of death _____		

TRALI Definition

ALL criteria must be met for the reaction to be classified as a TRALI

NO evidence of acute lung injury (ALI) prior to transfusion

AND

ALI onset during or within 6 hours of cessation of transfusion

AND

Hypoxemia defined by any of these methods:

- PaO₂/FiO₂ less than or equal to 300 mm Hg
- Oxygen saturation less than 90% on room air
- Other clinical evidence

AND

Radiographic evidence of bilateral infiltrates

AND

No evidence of left atrial hypertension (i.e., circulatory overload)

Section II: Transfusion Information (Completed by Transfusion Facility)

(List units transfused **within 6 hours** of onset of reaction)

Unit Number(s)	Transfusion Time/Date	
	Time	Date
	Component type	
	Component type	
	Component type	
	Component type	
	Component type	

(Continue documentation on another form if needed)

After completing, please email or fax this form to LifeServe Blood Center:
EMAIL: qara@lifeservebloodcenter.org FAX number (515)883-3268