

Completing the Suspected Relevant Transfusion Transmitted Infection Form

LS-FORM-5263 Purpose	This SOP is to inform customers on how to complete the LifeServe form for suspected relevant transfusion transmitted infection cases.			
Completing the form	Step	ep Action		
	1	Please complete the following sections on LS-Form-5263- Suspected Relevant Transfusion Transmitted Infections.		
	Step Action			
		1a Name of the Transfusion Facility		Transfusion Facility
		1b	Date the incident was reported to your facility	
		1c	Patient Name or ID	
		1d	Name of the person completing the form	
		1e	Indicate which relevant infection is suspected	
		1f	Include all unit numbers in the suspected case and the date the blood products were transfused	
Returning the form to LifeServe	2	Return the completed from to LifeServe Blood Center by fax or email.		
		lf		Then
		You have email available		Email form to QualityandTraining@lifeservebloodcenter.org
		You have faxing available		Fax form to 515-883-3268