



Transfusion Reaction Investigation

I. Patient information:

Name _____ ID number _____

Physician _____ Hospital _____

Date and time of reaction _____ Diagnosis _____

Reaction symptoms _____

Unit Number	Amount Transfused

II. Clerical check:

Labels, patient identification, and specimen labels at the hospital checked by: Hospital Tech _____

Labels, patient identification and specimen labels at LifeServe checked by: Tech _____

If not correct, state problem _____

III. Initial testing:

Visual hemoglobin check (circle one)

Pre-transfusion sample: Straw Yellow Dark Yellow Pink Red Brown Other _____

Post-transfusion sample: Straw Yellow Dark Yellow Pink Red Brown Other _____

ABO/Rh	Anti-A	Anti-B	Anti-A,B	Anti-D	Weak D	IgG coated RBCs	Ctrl	IgG coated RBCs	A ₁ Cells	A ₂ Cells	B Cells	ABO/Rh Interpretation
Pre-transfusion sample												
Post-transfusion sample												

DAT	Polyspecific I.S.	Polyspecific 5 min	IgG Coated RBCs	Saline Ctrl I.S.	Saline Ctrl 5 min	Anti-IgG	IgG Coated RBCs	Anti-C3 I.S.	Anti-C3 5min	Comp. Coated RBCs	DAT Interpretation
Pre-transfusion sample											
Post-transfusion sample											

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IV. Additional testing:

Antibody screen on Pre-transfusion sample:

	IS	37°	AHG	CC	GEL
I					
II					
III					
Auto					

Antibody screen on Post-transfusion sample:

	IS	37°	AHG	CC	GEL
I					
II					
III					
Auto					

Crossmatch with Pre-transfusion sample:

Unit #	IS	37°	AHG	CC	GEL	Interpretation

Crossmatch with Post-transfusion sample:

Unit #	IS	37°	AHG	CC	GEL	Interpretation

Elution on Post-transfusion sample (if indicated): _____



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V. Hospital Laboratory Results:

Attach results from hospital or record below

If recording results, hospital tech who reported them _____

	Pre-transfusion sample	Post-transfusion sample
Plasma Hemoglobin		
Bilirubin		
Hemoglobinuria		

Bacteriology:

	Gram Stain	Culture
Unit #1		
Unit #2		

VI. Medical Director Conclusion:

Testing Tech _____
Supervisor Review _____
Medical Director _____

Date _____
Date _____
Date _____