



# 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 <sub>1</sub> Cells	A <sub>2</sub> 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		

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**VI. Medical Director Conclusion:**

Testing Tech \_\_\_\_\_  
Supervisor Review \_\_\_\_\_  
Medical Director \_\_\_\_\_

Date \_\_\_\_\_  
Date \_\_\_\_\_  
Date \_\_\_\_\_