6211 IH 10 West, San Antonio, Texas, 78201

Adverse Transfusion Reaction Form

QUALTEX LABORATORIES
An affiliate of South Texas Blood & Tissue Center

PATIENT INFORMATION: (*Please print*)	
Patient's Name	
Patient Unique ID # *(i.e. SSN/MR#):*	Patient DOB: / /
Physician:	Agency Name:
Agency Address:	Agency Phone #:

Phlebotomist:
Name: (Please Print) _____ Date sample collected _____
Signature _____ Time sample collected _____

CLERICAL REVIEW:

Check box to indicate that crossmatch information tag correlates with unit label

☐ ABO ☐ Rh (D) ☐ Blood Unit Number

Does patient identification match crossmatch tag? ☐ YES ☐ NO

Was a Blood Warmer used? ☐ YES ☐ NO

TRANSFUSION SUMMARY:

Donor Unit Number (s): #1 _____ #2 _____

What product was transfused? ☐ RBC (Leukoreduced/Washed) ☐ FFP (Fresh Frozen Plasma)

☐ Platelets (Pheresis) ☐ Cryoprecipitate ☐Other_____

Approximate **volume** of component transfused #1_____ #2_____

Date and time *transfusion initiated*: #1_____ #2_____

Date and time *reaction occurred*: #1_____ #2_____

Date and time *transfusion discontinued*: #1_____ #2_____

SIGNS AND SYMPTOMS OF REACTION: (✓ those that apply)

☐ Urticaria (hives)	☐ Hemoglobinuria	☐ Nausea	☐ Hypotension	☐ Skin Flushing
☐ Chills/Rigors	☐ Fever	☐ Vomiting	☐ Headache	☐ Anxiety
☐ Coughing	☐ Back Pain	☐ Tachycardia	☐ Diarrhea	☐ Shock
☐ Dyspnea (chest tightening)	☐ Generalized Bleeding	☐ Cyanosis	☐ Orthopnea (shortness of breath)	☐ Other:

VITAL SIGNS:

At beginning of transfusion: Blood Pressure: _____Temp: _____Pulse:_____

At time reaction occurred: Blood Pressure: _____Temp: _____Pulse:_____

At 1 hour after transfusion: Blood Pressure: _____Temp: _____Pulse:_____

PATIENT'S GENERAL CONDITION: _____

_____

Report prepared By:_____ Date: _____ Time: _____

Reported to QualTex-IRL By:_____ Date: _____ Time: _____

NOTE: Please submit the following: 1 lavender top tube (EDTA) and 1 red top tube, all component bags with tubing & IV solution attached (remove needles), post transfusion urine and this completed form. Label all samples with patient's name, Patient Unique ID #, date, time collected and phlebotomist's initials. Call Hospital Services (210-731-5550) for pick up of samples and call Immunohematology Reference Lab (210-731-5509) for notification of possible transfusion reaction. F(210)249-4417, Qualtexlabs.org