

# Serious Outcome of Transfusion Report

Innovative Blood Resources Physician Services	
MBC	NCBB
737 Pelham Blvd	100 No 84 St
St Paul MN 55114-1739	Lincoln NE 68505-3101
Fax: (651) 332-7001	Fax: (402) 486-9429

Contact IBR physician/designee directly or call Hospital Services at (651) 332-7108 to have the IBR physician on call contacted.

**FAX** completed report to Physician Services

**REASON(S) FOR REPORT:** (check appropriate boxes)

Anaphylaxis or severe allergic reaction

Death potentially related to transfusion [Facility notifies FDA by email: [fatalities2@cber.fda.gov](mailto:fatalities2@cber.fda.gov)]

Transfusion-related acute lung injury (TRALI)

Transfusion-associated circulatory overload (TACO) versus TRALI

Suspected Transfusion-associated sepsis

Other (describe) \_\_\_\_\_

**Facility Reporting Serious Outcome** \_\_\_\_\_

**Person completing form** \_\_\_\_\_ **Date** \_\_\_\_\_

Enter units involved, date(s) of transfusion, and time that transfusion started and ended:

Unit or Pool #	Component	Date	Time (start and end)

**COMPLETE WITH AVAILABLE INFORMATION:**

Recipient's name \_\_\_\_\_ DOB \_\_\_\_\_

Recipient's hospital identification # \_\_\_\_\_ Gender  M  F

Recipient's diagnosis \_\_\_\_\_

Indication for transfusion \_\_\_\_\_

Describe transfusion facility investigation, treatment and recipient response to date. (Use additional pages if needed.)  
(A transfusion reaction investigation form is available on the MBC or NCBB website).

  
  
  
  
  
  
  
  
  
  

Have bags and/or segments been retained for further investigation?  Y  N

If yes, record date and time blood bag/segments refrigerated: \_\_\_\_\_

Please attach a copy of the transfusion record.

\_\_\_\_\_  
**Transfusion Service Medical Director (or designee) Signature** \_\_\_\_\_  
**Date**