To be completed by the Transfusion Service

**RECIPIENT INFORMATION**

Hospital __________________________ Date/Time of Reaction __________________________

Recipient Name: __________________________ MRN: __________________________

Recipient Primary Diagnosis (es) __________________________________________

Requesting Clinician (phone/pager): __________________________

Current Medical Problems, check all those that apply (present prior to transfusion of blood products):

- Acute MI
- CHF
- ARDS
- Aspiration
- Asthma
- Burns / Toxic inhalation
- Hypovolemic shock
- DIC
- Drug overdose
- Near drowning
- Fracture of long bone
- Transfusion reactions
- Pneumonia
- Pulmonary contusion
- Renal failure
- Other __________________________

Previously transfused? Yes (if so, summarize type of components, reaction type if any) No

Ever Pregnant? Yes No

**TRANSFUSION REACTION DATA**

1. Answer the following questions:
   A. Onset of symptoms < 6 hours after initiation of the transfusion
   B. Evidence of hypoxemia (choose all that may apply):
      - PaO\(_2\) / FiO\(_2\) ≤ 300 mmHg (or PaO\(_2\) ________ FiO\(_2\) at time of reaction)
      - O\(_2\) Sat 90% on room air
      - Other findings
   C. Evidence of volume overload (choose all that may apply, if answer Yes)
      - Echocardiography demonstrating left ventricular ejection fraction ≤ 40%
      - Elevated BNP (> 100 pg/ml)
      - Elevated pulmonary wedge pressure (> 10 mmHg)
      - Elevated pulmonary arterial diastolic pressure (≥ 18 mmHg)

2. Chest X-Ray results: Yes (please attach pre- and post-transfusion reports) No

3. Did fatality occur with the transfusion reaction:
   - If Yes, will autopsy be performed
   - Note: transfusion related deaths require immediate reporting to FDA
   - Yes No

4. Attach this form to the Transfusion Reaction Form

**ASSESS REACTION FOR FURTHER TRALI WORKUP:**

If 1A AND 1B responses are YES, with evidence of bilateral pulmonary edema AND 1C is NO, proceed with TRALI WORKUP and provide this information to Hoxworth Blood Center at 513-558-3637 (FAX)

If 1A or 1B are NO, and/or there is no evidence of pulmonary edema STOP and consult with transfusion service MD.

In addition, order and collect Recipient blood samples:

- Send to TID at Hoxworth Blood Center, NOTE TRALI
  - HLA (Class I & II) / HNA antibodies: 1-7 mL or 10 mL plain red top tube, no gel
  - HLA typing, Class I and II: 2-10 mL purple EDTA, yellow ACDA, or dark green Na heparin tubes
  - NOTE: Do not use Li heparin

**Case Number TR __________________________**

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To be completed by Hoxworth Blood Center Components Lab:
Refer to CP-075-SOP  Note: All impacted products are documented on completed QAR-503-REF

### Component Code | Unit Number | Comments
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1. Is there plasma available for testing on implicated units?
   - Yes.
     - Record on QAR-503-REF, next to listed plasma component: “Sample being sent for TRALI”. If multiple plasma components available for sampling, choose frozen plasma first then cryoprecipitate.
   - No.
     - Perform ‘look back’ on donation history of each donor to determine availability of plasma component. Record each ID number on QAR-503-REF in the Donor Name/Sequence Number space. Refer to CP-075-SOP for information regarding plasma component/sample handling.

   B. If plasma component not available then record “Donor plasma sample needed” on QAR-503-REF. Proceed to instruction step 2.

   Acceptable plasma components:
   - FFP
   - pheresis FFP
   - plasma cryoprecipitate AHF reduced
   - RP frozen
   - cryoprecipitate

   Unacceptable plasma components:
   - RP liquid (if >7 days old)
   - pooled cryoprecipitate
   - platelet concentrates (if > 7 days old)
   - pheresis platelets (if > 7 days old)

2. Notify and obtain TRALI case tracking number from Manager, Donor QA. Number to be added to upper left hand corner of QAR-503-REF.

3. Acquire from each donor the following and send to the Components Laboratory: This will be coordinated by the Manager, Donor Quality Assurance.
   - Four 10 ml serum separation tubes
   - Completed QAD-506-FORM (Request for Testing-QA form) select ‘Test 15’

4. Complete the BCW requisition form CP-508-REF for HLA / HNA antibodies.

5. Coordinate with Product Management for specimen(s) sendout.