Hoxworth Blood Center 3130 Highland Avenue Cincinnati, OH 45267-0055	**Completed**	
	Document #:	**CP-528-FORM**
	Effective Date:	**Mar 7, 2016**
	Revision:	**5**
	Suspected Trali Workup	

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

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

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Ever Pregnant? ❑ Yes ❑ No

TRANSFUSION REACTION DATA

1. Answer the following questions:
   - A. Onset of symptoms < 6 hours after initiation of the transfusion ❑ Yes ❑ No
   - B. Evidence of hypoxemia (choose all that may apply): ❑ Yes ❑ No
     - ❑ 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) ❑ Yes ❑ No
     - ❑ 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: ❑ Yes ❑ No
   If Yes, will autopsy be performed ❑ Yes ❑ No
   Note: transfusion related deaths require immediate reporting to FDA
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 ________________________________

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

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.

A. 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.