

## Suspected Blood Product Contamination Reporting Form

Transfusion Service Medical Director should complete this form when a contaminated blood product has been given to a patient. Complete ASAP and send to the Chief Medical Officer at MEDIC. (Fax to 865-521-2642, Attn: MEDIC CMO)

Unit #: \_\_\_\_\_

Product Type: \_\_\_\_\_

### Recipient Data

Clinical Diagnosis: \_\_\_\_\_

Pretransfusion signs/symptoms of septicemia Yes  No

Development of post transfusion sepsis Yes  No

Time interval between transfusion of implicated unit and onset of sepsis \_\_\_\_\_

Treatment related to septicemia \_\_\_\_\_

Outcome related to suspected transfusion acquired sepsis \_\_\_\_\_

Patient's post transfusion blood culture results \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completed by: \_\_\_\_\_

(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Transfusion Service)

\_\_\_\_\_  
(Date)