### 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)