

**REPORT OF TRANSFUSION-RELATED ACUTE LUNG INJURY (TRALI)**

PATIENT CASE #: \_\_\_\_\_ MEDIC TADI #: \_\_\_\_\_

Transfusing Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

Diagnosis at time of transfusion: \_\_\_\_\_

Onset of symptoms: Date: \_\_\_\_\_ Time: \_\_\_\_\_

(Typically 1-2 hours after the start of transfusion)

**SYMPTOMS:**

\_\_\_\_ Acute respiratory distress

\_\_\_\_ Hypotension

\_\_\_\_ Bilateral pulmonary edema

\_\_\_\_ Fever (1-2°C rise)

\_\_\_\_ Hypoxemia

**Obtain a plasma sample from the components(s) and a pretransfusion serum sample from the patient. Plasma or serum from blood collected in a serum separator tube is not acceptable for testing.**

NOTIFY MEDIC HOSPITAL SERVICES IMMEDIATELY FOR RECALL OF OTHER COMPONENTS COLLECTED FROM SUSPECTED DONOR(S).

Notified \_\_\_\_\_ at MEDIC.  
(Hospital Services Tech)

Date: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_

**BLOOD PRODUCTS TRANSFUSED 1-6 HOURS BEFORE ONSET OF SYMPTOMS:**

UNIT NUMBER	PRODUCT TRANSFUSED	DATE TRANSFUSED	TIME STARTED	DATE COLLECTED	# PREVIOUS DONATIONS

**FDA MUST BE NOTIFIED OF ALL TRANSFUSION RELATED FATALITIES**

INFORMATION COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

MEDIC REGIONAL BLOOD CENTER  
1601 AILOR AVENUE  
KNOXVILLE, TN 37921

MEDIC # 6.240 V3  
06/05/2023