REPORT OF TRANSFUSION-RELATED ACUTE LUNG INJURY (TRALI)

PATIENT CASE #:			MEDIC TADI #:			
Transfusing Hospita	1:					
Address	S:					
Diagnosis at time of						
Onset of symptoms: SYMPTOMS:	Date:(Typic	cally 1-2 hou	rs after the star	Γime: t of transfusi	on)	
Acute respiratory distress			Hypotension			
Bilatera	Fever (1-2°C rise)					
Нурохе	emia					
testing. NOTIFY MEDIC H COMPONENTS CO	OLLECTED FRO	OM SUSPE	CTED DONOR	(S).		
Date:	Time:					
BLOOD PRODUCT		ED 1-6 HOU PRODUCT RANSFUSED	JRS BEFORE (DATE TRANSFUSED	ONSET OF S TIME STARTED	SYMPTOMS DATE COLLECTED	# PREVIOUS DONATIONS
FDA MUST	BE NOTIFIED OMPLETED BY				D FATALIT ATE:	TIES

MEDIC REGIONAL BLOOD CENTER 1601 AILOR AVENUE KNOXVILLE, TN 37921