TRANSFUSION ASSOCIATED DISEASE INVESTIGATION

HEPATITIS: _____ HIV: _____ HTLV-I/II: _____ OTHER: _____

Patient Case # _____ MEDIC TADI # _____

Reporting Hospital/Address _____

Transfusing Hospital/Address _____

Diagnosis at time of transfusion_____

Date symptoms appeared _____ Date reported _____

Does patient have history of exposure to hepatitis or any other risk factors? _____

Were other products such as PPF, Serum Albumin or Factor VIII administered? YES _____ NO _____

If yes, list: _____

TEST	HBsAg:		Anti-HCV:		Anti-HIV:	
RESULTS:	Anti-HBc:		Anti-HTLV I/II		Western Blot:	

BLOOD AND BLOOD PRODUCTS TRANSFUSED
(FOR HEPATITIS - 15 TO 182 DAYS BEFORE ONSET OF VIRAL HEPATITIS)

UNIT NUMBER	PRODUCT TRANSFUSED	DATE TRANSFUSED	DATE COLLECTED	PREVIOUS DONATIONS	SUBSEQUENT DONATIONS	DATE OF LAST DONATION

MEDIC Notified By: _____ Date: _____

Donor Investigation Completed By: _____ Date: _____

Laboratory Review By: _____ Date: _____

VP & Chief Medical Officer Review By: _____ Date: _____

FDA Report #: _____ By: _____ Date: _____

MEDIC REGIONAL BLOOD CENTER
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