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

____Bilateral pulmonary edema

____Hypoxemia

____ Hypotension

____ Fever (1-2°C rise)

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:

DIN	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
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