Suspected Blood Product Contamination Reporting Form

Transfusion Service Medical Director should complete this form when there is a suspicion that a contaminated blood product has been given to a patient. Complete ASAP and send to the VP & Chief Medical Officer at MEDIC. (Fax to 865-521-2642, Attn: MEDIC VP & 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)

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