

**TRT-16FA Report and Investigation of Transfusion Reaction  
 Department of Clinical Laboratories  
 The Ohio State University Wexner Medical Center**

**TO BE COMPLETED BY THE NURSE:**

Date/time: \_\_\_\_\_

Signs/symptoms: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Started: \_\_\_\_\_

Amount given:

Stopped: \_\_\_\_\_

Component: \_\_\_\_\_

Patient Diagnosis: \_\_\_\_\_

Physician notified: \_\_\_\_\_

Date and time Transfusion Service notified: \_\_\_\_\_

Reported By: \_\_\_\_\_

**Pre-Vitals:** Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ BP: \_\_\_\_\_

**Post-Vitals:** Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ BP: \_\_\_\_\_

Patient Legal Name
Medical record number
Location
Call back number

**POST- REACTION SPECIMEN INFORMATION**

Post-transfusion specimen drawn by: \_\_\_\_\_ Date/time: \_\_\_\_\_

Clerical Check\*: Armband: \_\_\_\_\_ Unit Label: \_\_\_\_\_ Crossmatch label: \_\_\_\_\_

Donor Number(s): \_\_\_\_\_

**\* Clerical check-Compare the patient's Identification Band to the crossmatch label for full legal name (identical spelling) and Medical Record number. Compare the crossmatch label and component label for Blood Type and RH, unit number, product code, expiration date and time and initials of 2 Blood Bank personnel. Write "OK" in the clerical check fields that are acceptable and "Not OK" in the clerical check fields that are not acceptable.**

**FOR LABORATORY USE ONLY  
 INITIAL BLOOD BANK WORKUP**

Clerical Check:	Hemolysis:	Pre:	Post:	DAT:	Pre:	Post:
ABO/Rh Confirmation	Anti-A:	Anti-B:	Anti-D:	A1 cells:	B cells:	Interpretation:
Technologist:	Report given to:			Date/time:		

**Other information:**

**Laboratory impression:**