

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

TRXN: \_\_\_\_\_  
TRXNP: \_\_\_\_\_

**TO BE COMPLETED BY THE NURSE:**

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

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

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

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

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

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

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

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

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

Amount given:
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Patient Name
Medical record number
Location
Call back number

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

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

**POST- REACTION SPECIMEN INFORMATION**

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

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

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

**\* Clerical check-Compare the patient's Blood Bank Identification Band to the crossmatch tag for full name (identical spelling) and 9-digit number. Compare the crossmatch tag and component label for Blood Type and RH, unit number, component description, 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:**