

**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: _____

Amount given:

Stopped: _____

Component: _____

Patient Diagnosis: _____

Physician notified: _____

Date and time Transfusion Service notified: _____

Reported By: _____

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: