INSTITUT PERUBATAN DAN PERGIGIAN TERMAJU (IPPT)
UNIVERSITI SAINS MALAYSIA (USM)
Transfusion Medicine Unit
No. Tel : 04- 5622700 (ext:2700)

TRANSFUSION REACTION INVESTIGATION REQUEST FORM

A) NOTES

1. Preserved the blood bag and tubing set with all attached labels.
2. Take three (3) EDTA tubes and 10 ml urine samples.
3. If suspected haemolysis or transfusion-associated sepsis, to take additional one (1) plain-tube sample and blood culture.
4. Label specimens as "Post-transfusion", patient's name and identifying data. **SEND ALL THE SAMPLES TO TRANSFUSION MEDICINE UNIT**.
5. For urticarial cases, please send blood bag and transfusion reaction form only.

B) PATIENT INFORMATION

Name:	I/C No:	Age:
Gender: Male / Female	R/N:	Ward/ Clinic:

C) BLOOD/ COMPONENT INFORMATION

Type of blood component: **Packed cell / Whole blood / Platelet / Cryoprecipitate / Fresh Frozen Plasma / Others**:_____

Bag No.:_____ Date/Time started_____stopped _____volume_____

Bag No.:_____ Date/Time started_____stopped _____volume _____

D) CLINICAL INFORMATION

1. Vital signs:

	Temperature	Blood Pressure (mmHg)	Pulse(°C)
Pre transfusion	_____	_____	_____
During reaction	_____	_____	_____
Post transfusion	_____	_____	_____

2. History of previous transfusion reaction: **Yes / No**
If yes, please state date and type of reaction:
_____

3. Female only
History of pregnancy: **Yes / No** No. of pregnancies: _____
History of abortion: **Yes / No** No. of abortions: _____

4. Nature of reaction :

- ☐ Chills
- ☐ Rigor
- ☐ Urticaria
- ☐ Pruritus
- ☐ Pain (location):_____
- ☐ Others (please state): _____
- ☐ Nausea
- ☐ Vomiting
- ☐ Dyspnoea
- ☐ Jaundice
- ☐ Facial flushing
- ☐ Hematuria
- ☐ Shocks

5. Solution used for Starting Drip:
Normal saline / 5% Dextrose / Others _____

Name of Doctor/ Stamp:_____ Signature:_____ Date: _____

E) LABORATORY USED ONLY

Reference Lab No.:

Comments by Medical Officer/ Specialist:

_____
_____
_____
_____
_____
_____

Name of Doctor/ Stamp:_____ Signature:_____ Date: _____