

Contact MBC physician/designee directly or call Hospital Services at (651) 332-7108 to have the MBC physician on call contacted.

FAX completed report to MBC Physician Services (651) 332-7001.

SERIOUS OUTCOME OF TRANSFUSION REPORT

REASON(S) FOR REPORT: (check appropriate boxes)

Anaphylaxis or severe allergic reaction

Death potentially related to transfusion **[Notify FDA by email: fatalities2@cber.fda.gov]**

Transfusion-associated circulatory overload (TACO)

Transfusion-associated sepsis

Transfusion-related acute lung injury (TRALI)

Transfusion-transmitted disease (TTD) **[STOP HERE and complete Suspected Transfusion Transmitted Disease Report (Form-PS-030)]**

Other (describe) _____

Facility Reporting Serious Outcome _____

Person completing form _____ Date _____

Enter units involved, date(s) of transfusion, and time that transfusion started and ended:

Unit or Pool #	Component	Date	Time (start and end)

COMPLETE WITH AVAILABLE INFORMATION:

Recipient's name _____ DOB _____

Recipient's hospital identification # _____ Gender M F

Recipient's diagnosis _____

Indication for transfusion _____

Describe transfusion facility investigation, treatment and recipient response to date. (FAX additional documentation, including TRANSFUSION REACTION FORM, if available.)

Have bags and/or segments been retained for further investigation? Y N

If yes, record date and time blood bag/segments refrigerated: _____

Transfusion Service Medical Director (or designee) Signature _____
Date