

Blood Transfusion Reaction form – Laboratory investigation

Incident Numbers	NCN	WEB	MHRA
Patient Details		Details of implicated component	
Surname:		Red cells <input type="checkbox"/>	Platelets <input type="checkbox"/>
Forename:		FFP <input type="checkbox"/>	Other <input type="checkbox"/>
DOB:		Unit No:	
Male/Female		Expiry Date:	
Hospital No:		Does the unit, patient details pre and post sample and request all match? Y/N	
NHS No:		If no, give details	
Hospital:	Ward/Dept	Electronic issue <input type="checkbox"/>	Serological cross match <input type="checkbox"/>

Note: In non-emergency's, quarantine issued units until testing is complete. Consider Recall SOP.

Observe plasma in EDTA samples for difference/evidence of haemolysis/jaundice – Please circle result

Pre	Post
Normal / Pink / Brown / Yellow	Normal / Pink / Brown / Yellow

Group and antibody screen and DAT (for all component reactions)

Test	Pre Transfusion	Post transfusion	Unit
ABO & RhD Group			
Antibody Screen			
Cross-match			
SC1			
SC2			
SC3			
IAT panel			
Enzyme panel			
DAT			
IgG			
C3d			
Control			
Hb			
E & Cr			
LFT			
Bilirubin			
CRP			
LDH			
Blood Cultures			
Date internal samples Tested:		Time:	Performed by:

External Testing (if required)	Date sent	Date tested	Result
Culture Unit			
IgA studies			

Date and Time checked and signed by Senior BMS/Chief BMS:

Comments