Blood Transfusion Reaction form – Laboratory investigation

Patient Details Details of implicated component Surname: Red cells Platelets Forename: FFP Other DOB: Male/Female FFP Other Hospital No: Does the unit, patient details pre and post sample and request all match? Y/N NHS No: If no, give details Serological cross match Mospital: Ward/Dept Electronic issue Serological cross match Note: In on-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 Normal / Pink / Brown / Yellow Group and antibody screen and DAT (for all component reactions) Unit SC1 Cross-match SC2	Incident Numbers	NCN		WEB		MHF	RA		
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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