



**National Institute of Biologicals**  
 Ministry of Health & Family Welfare, Govt. of India  
 (National Coordinating Center)  
**HAEMOVIGILANCE PROGRAMME OF INDIA**



**Transfusion Reaction Reporting Form (TRRF) For Blood & Blood Components & Plasma Products**

\* **Mandatory Field**

**(A) Patient Information**

Hospital Code No.: \_\_\_\_\_  
 Patient Initials\*: \_\_\_\_\_ Gender\*: \_\_\_\_\_ Blood Group\*: \_\_\_\_\_  
 Hospital Admission No. \*: \_\_\_\_\_ Age/Date of Birth\*: \_\_\_\_\_ Yrs \_\_\_\_\_ Month \_\_\_\_\_ Days \_\_\_\_\_ Hrs \_\_\_\_\_ Mins  
 Primary Diagnosis\*: \_\_\_\_\_  
 Medical History: \_\_\_\_\_

**(B) Transfusion Reaction Details\***

Was the patient under anaesthesia during transfusion: Yes/No if Yes type : GA/Spinal/LA \_\_\_\_\_  
 Pre-transfusion Vitals: \_\_\_\_\_ Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ BP: \_\_\_\_\_ RR: \_\_\_\_\_ SPO2: \_\_\_\_\_  
 Vitals at the time of reaction: \_\_\_\_\_ Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ BP: \_\_\_\_\_ RR: \_\_\_\_\_ SPO2: \_\_\_\_\_  
 Please tick mark the relevant signs and symptoms listed below

Generalised	Pain	Respiratory	Renal	Circulatory
<input type="checkbox"/> Fever	<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Dyspnoea	<input type="checkbox"/> Haematuria	<input type="checkbox"/> Tachycardia
<input type="checkbox"/> Chills	<input type="checkbox"/> Abdominal	<input type="checkbox"/> Wheeze	<input type="checkbox"/> Haemoglobinuria	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Rigors	<input type="checkbox"/> Back/Flank Pain	<input type="checkbox"/> Cough	<input type="checkbox"/> Oliguria	<input type="checkbox"/> Hypotension
<input type="checkbox"/> Nausea	<input type="checkbox"/> Infusion Site Pain	<input type="checkbox"/> Hypoxemia	<input type="checkbox"/> Other_____	<input type="checkbox"/> Raised JVP
<input type="checkbox"/> Urticaria	<input type="checkbox"/> Other_____	<input type="checkbox"/>		<input type="checkbox"/> Arrhythmias
<input type="checkbox"/> Flushing		<input type="checkbox"/> Bilateral Infiltrates on		<input type="checkbox"/> Other_____
<input type="checkbox"/> Restlessness		<input type="checkbox"/> Chest X-ray		
<input type="checkbox"/> Vomiting		<input type="checkbox"/> Other		

Any Other(Specify) : \_\_\_\_\_

**(C) Transfusion Product(s) Details\***

Select*	Select Component	Select Indication	Date & Time of Issue of Blood Component	Date & Time of onset Transfusion	Unit Id (Transfused)	Blood Group	Volume Transfused (ml)	Expiry date of Blood Component	Manufacturer of Blood Bag	Batch / Lot No. of the Blood Bag	1st time/ repeat Transfusion
<input type="checkbox"/>	Whole blood										<input type="checkbox"/> 1st Time  <input type="checkbox"/> Repeat 1 to 10  <input type="checkbox"/> Repeat > 10
<input type="checkbox"/>	Packed Red blood cells (PRBC)										
<input type="checkbox"/>	Buffy coat depleted PRBC										
<input type="checkbox"/>	Leucofiltered PRBC										
<input type="checkbox"/>	Random Donor platelets/ pooled										
<input type="checkbox"/>	Apheresis Platelets										
<input type="checkbox"/>	Fresh Frozen Plasma										
<input type="checkbox"/>	Cryoprecipitate										
<input type="checkbox"/>	Any Other										

**Add New Plasma Product**

Select	Plasma Product	Indication	Date of Administration	Manufacturer	Expiry Date of the Plasma Product	Batch No. / Lot No.	1st Time / Repeat
							<input type="checkbox"/> 1st Time <input type="checkbox"/> Repeat 1 to 10 <input type="checkbox"/> Repeat > 10

(D) Investigations				
<input type="checkbox"/>	Clerical Checks	Specify Error Found if any: _____		
	Investigation	Pre-transfusion sample	Post-transfusion sample	
*	<input type="checkbox"/> Repeat Blood Grouping	O+ /A+ /B+ /AB+ /O- /A- /B- /AB-	O+ /A+ /B+ /AB+ /O- /A- /B- /AB-	
*	<input type="checkbox"/> Repeat Crossmatch	<input type="checkbox"/> Compatible <input type="checkbox"/> InCompatible <input type="checkbox"/> Not Done	<input type="checkbox"/> Compatible <input type="checkbox"/> InCompatible <input type="checkbox"/> Not Done	
*	<input type="checkbox"/> Repeat Antibody screen	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Not Done	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Not Done	
	<input type="checkbox"/> Antibody Identification			
*	<input type="checkbox"/> Direct antiglobulin test	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Not Done	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Not Done	
	<input type="checkbox"/> Hemoglobin			
	<input type="checkbox"/> Plasma Hemoglobin			
	<input type="checkbox"/> Urine hemoglobin			
	<input type="checkbox"/> Bilirubin (Total/conjugated)			
	<input type="checkbox"/> Platelet count			
	<input type="checkbox"/> PT/INR			
*	<input type="checkbox"/> Blood culture of Blood Bag	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Not Done	Specify Organism if positive _____	
*	<input type="checkbox"/> Blood culture of Patient	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Not Done	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Not Done	
	<input type="checkbox"/> Chest X-ray of the patient in case of suspected TRALI	Specify Organism if positive _____	Specify Organism if positive _____	
In case of Non-immune hemolysis (which of the following was the case?)				
<input type="checkbox"/>	Hemolysis due to freezing of PRBC Units			
<input type="checkbox"/>	Hemolysis due to inappropriate warming of PRBC Units			
<input type="checkbox"/>	Hemolysis due to infusion of any other fluid through same BT set.			Specify Fluid: _____
<input type="checkbox"/>	Mechanical damage			
In Case of ABO Mismatch (which of the following was the case?)				
<input type="checkbox"/>	Wrong Blood in tube			
<input type="checkbox"/>	Grouping error			
<input type="checkbox"/>	Labelling error			
<input type="checkbox"/>	Wrong unit transfused			
(E) Nature of Adverse Reaction(s)*				
Select	Reaction	Date & Time of Onset of Reaction	Date & Time of Recovery	Outcome
<input type="checkbox"/>	Febrile Non Haemolytic Reactions (FNHTR) 1° C rise in temperature <input type="checkbox"/> 2° C rise in temperature <input type="checkbox"/> Only Chills & Rigors <input type="checkbox"/>			<input type="checkbox"/> 1. Death following the Adverse Reaction(s)
<input type="checkbox"/>	Allergic reaction			<input type="checkbox"/> 2. Recovered
<input type="checkbox"/>	Anaphylaxis			
<input type="checkbox"/>	Immunological Haemolysis due to ABO Incompatibility			
<input type="checkbox"/>	Immunological Haemolysis due to other Allo-Antibodies			
<input type="checkbox"/>	Non Immunological Haemolysis			
<input type="checkbox"/>	Hypotensive Transfusion Reaction			
<input type="checkbox"/>	Transfusion Related Acute Lung Injury (TRALI) Definite <input type="checkbox"/> Possible <input type="checkbox"/>			
<input type="checkbox"/>	Transfusion Associated Dyspnoea (TAD)			
<input type="checkbox"/>	Transfusion Associated Circulatory Overload (TACO)			
<input type="checkbox"/>	Transfusion Transmitted Bacterial Infection			
<input type="checkbox"/>	Transfusion Transmitted Parasitic Infection (Malaria)			<input type="checkbox"/> 3. Recovered with Sequelae
<input type="checkbox"/>	Post Transfusion Purpura			<input type="checkbox"/> 4. Unknown
<input type="checkbox"/>	Transfusion Associated Graft versus Host Disease (TAGvHD)			
<input type="checkbox"/>	Other Reaction (s) <input type="button" value="Add New"/>	<input type="text"/>		
		<input type="text"/>		
(F) Imputability Assessment*				
S. No.	Reaction Term	Transfusion Product/ Component	*Imputability Assessment (Please mention from the below list)	
*Imputability: 1. Definite (Certain), 2. Probable (Likely), 3. Possible, 4. Unlikely (Doubtful), 5. Excluded, 6. Not Assessed				
Monthly Denominator Reporting Form *				
Hospital Code :		Month/Year:		
	Blood Component		No. of Units Issued	
	1) Fresh Frozen Plasma			
	2) Whole Blood			
	3) Packed Red Blood Cells (PRBC)			
	4) Buffy Coat Depleted PRBC			
	5) Leucofiltered PRBC			
	6) Random Donor Platelets/ Pooled			
	7) Apheresis Platelets			
	8) Cryoprecipitate			
	9) Any Other _____			