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

(A) Patient Information

- **Hospital Code No.**
- **Patient Initials**: 
- **Gender**: 
- **Blood Group**: 
- **Hospital Admission No.**: 
- **Age/Date of Birth**: 
- **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**
  - Fever
  - Anxiety
  - Chest Pain
  - Dyspnoea
  - Haematuria
  - Tachycardia
- **Respiratory**
  - Chills
  - Itching (Pruritus)
  - Abdominal
  - Wheeze
  - Haemoglobinuria
  - Hypertension
- **Renal**
  - Rigors
  - Edema (Site)
  - Back/Flank Pain
  - Cough
  - Oliguria
  - Hypotension
- **Circulatory**
  - Nausea
  - Jaundice
  - Infusion Site Pain
  - Hypoxemia
  - Other
  - Raised JVP
  - Ankylostomias
- **Other**
  - Bilateral Infiltrates on Chest X-ray
  - Other
  - Others

(C) Transfusion Product(s) Details

- **Select**
- **Select Component**
- **Select Indication**
- **Date & Time of Issue of Blood Component**
- **Date & Time of onset of 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**

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**
<table>
<thead>
<tr>
<th>Blood Component</th>
<th>No. of Units Issued</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Fresh Frozen Plasma</td>
<td></td>
</tr>
<tr>
<td>2) Whole Blood</td>
<td></td>
</tr>
<tr>
<td>3) Packed Red Blood Cells (PRBC)</td>
<td></td>
</tr>
<tr>
<td>4) Buffy Coat Depleted PRBC</td>
<td></td>
</tr>
<tr>
<td>5) Leucocritred PRBC</td>
<td></td>
</tr>
<tr>
<td>6) Random Donor Platelets/ Pooled</td>
<td></td>
</tr>
<tr>
<td>7) Apheresis Platelets</td>
<td></td>
</tr>
<tr>
<td>8) Cryoprecipitate</td>
<td></td>
</tr>
<tr>
<td>9) Any Other</td>
<td></td>
</tr>
</tbody>
</table>

**Imputability Assessment**


**Monthly Denominator Reporting Form**

<table>
<thead>
<tr>
<th>Blood Component</th>
<th>Month/Year</th>
<th>No. of Units Issued</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresh Frozen Plasma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whole Blood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Packed Red Blood Cells (PRBC)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buffy Coat Depleted PRBC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leucocritred PRBC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Random Donor Platelets/ Pooled</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apheresis Platelets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cryoprecipitate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>