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 (Version-2)

* 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

	Temp:	Pulse:	BP:	RR:	SPO2:
Pre-transfusion Vitals:					
Vitals at the time of reaction:					

Please tick mark the relevant signs and symptoms listed below

Generalised		Pain	Respiratory	Renal	Circulatory
☐ Fever	☐ Anxiety	☐ Chest Pain	☐ Dyspnoea	☐ Haematuria	☐ Tachycardia
☐ Chills	☐ Itching (Pruritus)	☐ Abdominal	☐ Wheeze	☐ Haemoglobinuria	☐ Hypertension
☐ Rigors	☐ Edema (Site)____	☐ Back/Flank Pain	☐ Cough	☐ Oliguria	☐ Hypotension
☐ Nausea	☐ Juandice	☐ Infusion Site Pain	☐ Hypoxemia	☐ Other_____	☐ Raised JVP
☐ Urticaria	☐ Other_____	☐ Other_____	☐ Bilateral Infiltrates on Chest X-ray		☐ Arrhythmias
☐ Flushing					☐ Other_____
☐ Restlessness					
☐ Vomiting			☐ 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
☐	Whole blood										☐ 1st Time
☐	Packed Red blood cells (PRBC)										☐ Repeat 1 to 10
☐	Buffy coat depleted PRBC										☐ Repeat > 10
☐	Leucofiltered PRBC										
☐	Random Donor platelets/ pooled										
☐	Apheresis Platelets										
☐	Fresh Frozen Plasma										
☐	Cryoprecipitate										
☐	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
							☐ 1st Time ☐ Repeat 1 to 10 ☐ Repeat > 10

(D) Investigations

☐	Clerical Checks	Specify Error Found if any: _____	
	Investigation	**Pre-transfusion sample**	**Post-transfusion sample**
	☐ Visual Check		
*	☐ Repeat Blood Grouping	O+ /A+ /B+ /AB+ /O- /A- /B- /AB-	O+ /A+ /B+ /AB+ /O- /A- /B- /AB-
*	☐ Repeat Crossmatch	☐ Compatible ☐ InCompatible ☐ Not Done	☐ Compatible ☐ InCompatible ☐ Not Done
*	☐ Repeat Antibody screen	☐ Negative ☐ Positive ☐ Not Done	☐ Negative ☐ Positive ☐ Not Done
	☐ Antibody Identification		
*	☐ Direct antiglobulin test	☐ Negative ☐ Positive ☐ Not Done	☐ Negative ☐ Positive ☐ Not Done
	☐ Hemoglobin		
	☐ Plasma Hemoglobin		
	☐ Urine hemoglobin		
	☐ Bilirubin (Total/conjugated)		
	☐ Platelet count		
	☐ PT/INR		
*	☐ Blood culture of Blood Bag	☐ Negative ☐ Positive ☐ Not Done	Specify Organism if positive_____
*	☐ Blood culture of Patient	☐ Negative ☐ Positive ☐ Not Done Specify Organism if positive_____	☐ Negative ☐ Positive ☐ Not Done Specify Organism if positive_____
	☐ Chest X-ray of the patient in case of suspected TRALI		

In case of Non-immune hemolysis (which of the following was the case?)

☐	Hemolysis due to freezing of PRBC Units	
☐	Hemolysis due to inappropriate warming of PRBC Units	
☐	Hemolysis due to infusion of any other fluid through same BT set.	Specify Fluid:_____
☐	Mechanical damage	

In Case of ABO Mismatch (which of the following was the case?)

☐	Wrong Blood in tube
☐	Grouping error
☐	Labelling error
☐	Wrong unit transfused

(E) Nature of Adverse Reaction(s)*

Select	Reaction	Date & Time of Onset of Reaction	Date & Time of Recovery	Outcome
☐	Febrile Non Haemolytic Reactions (FNHTR) 1° C rise in temperature ☐ 2° C rise in temperature ☐ Only Chills & Rigors ☐			☐ 1. Death following the Adverse Reaction(s)
☐	Allergic reaction			
☐	Anaphylaxis			
☐	Immunological Haemolysis due to ABO Incompatibility			
☐	Immunological Haemolysis due to other Allo-Antibodies			
☐	Non Immunological Haemolysis			☐ 2. Recovered
☐	Hypotensive Transfusion Reaction			
☐	Transfusion Related Acute Lung Injury (TRALI) Definite ☐ Possible ☐			
☐	Transfusion Associated Dyspnoea (TAD)			
☐	Transfusion Associated Circulatory Overload (TACO)			☐ 3. Recovered with Sequelae
☐	Transfusion Transmitted Bacterial Infection			
☐	Transfusion Transmitted Parasitic Infection (Malaria)			
☐	Post Transfusion Purpura			
☐	Transfusion Associated Graft versus Host Disease (TAGvHD)			☐ 4. Unknown
☐	Other Reaction (s) ☐ Add New			

IMPUTABITLITY ASSESSMENT

(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_____	