### A) Donor Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donor Id *</td>
<td>________________</td>
</tr>
<tr>
<td>Type of Donation*</td>
<td>(a) Whole Blood (b) Apheresis __ (Platelets/Plasma/Plasma + Platelets/RBC/Granulocyte/ Peripheral Blood Stem Cells/ COVID-19 Convalescent Plasma)</td>
</tr>
<tr>
<td>Sex *</td>
<td>(Male/Female/Other)</td>
</tr>
<tr>
<td>Weight of Donor (kg) *</td>
<td>________________</td>
</tr>
<tr>
<td>Height of Donor (cm)*</td>
<td>____________</td>
</tr>
<tr>
<td>Donor Type*</td>
<td>(a) Voluntary (b) Replacement (c) Family Donor (d) Autologous (First Time/Repeat)</td>
</tr>
<tr>
<td>Age/ Date of Birth *</td>
<td>Yrs: _______ Month: _______ Days: _______ OR ____________</td>
</tr>
<tr>
<td>Pre-Donation Vitals*</td>
<td>Pulse: _______ per min</td>
</tr>
<tr>
<td>BP (Systolic): _______ mmHg</td>
<td></td>
</tr>
<tr>
<td>BP (Diastolic): _______ mmHg</td>
<td></td>
</tr>
<tr>
<td>Site of Donation*</td>
<td>________________ (Blood Centre/Camp)</td>
</tr>
<tr>
<td>Date of Donation*</td>
<td>________________</td>
</tr>
<tr>
<td>Time of Donation*</td>
<td>Hr _______ Min _______</td>
</tr>
</tbody>
</table>

### B) Whole blood Details of Blood Collected/Apheresis Details of Blood Collected

(a) Whole Blood
- Lot No. of Blood Bag* ________________
- Manufacturer of Blood Bag* ________________ (Terumo Penpol Limited/Mitra Industries Pvt. Ltd/ HLL Lifecare Ltd/Fresenius Kabi AG/Fenwal Inc/Polymed/Other)
- Volume Collected (ml)* ____________
- Expiry Date of Blood Bag* ________________

(b) Apheresis
- Lot No. Kit* ________________
- Volume Collected (ml)* ____________
- Expiry Date of Kit* ________________

### C) Adverse Reaction Details

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date and Time of reaction*</td>
<td>________________ Hr _______ Min _______</td>
</tr>
<tr>
<td>Type of Reaction*</td>
<td>________________ (Localised/Generalized/Both/ Other Reactions)</td>
</tr>
<tr>
<td>Vitals at the time of Reaction</td>
<td>Pulse: _______ per min</td>
</tr>
<tr>
<td>BP (Systolic): _______ mmHg</td>
<td></td>
</tr>
<tr>
<td>BP (Diastolic): _______ mmHg</td>
<td></td>
</tr>
<tr>
<td>Data Captured*</td>
<td>________________ (Onsite/Call back by donor/ Call back by Blood Centre)</td>
</tr>
<tr>
<td>Reaction Time*</td>
<td>________________ (Pre-Donation/During Donation/After Donation)</td>
</tr>
<tr>
<td>Venipuncture Site*</td>
<td>________________ (Left/Right/Both)</td>
</tr>
<tr>
<td>Venipuncture Site*</td>
<td>________________ (1/2/&gt;2)</td>
</tr>
<tr>
<td>Injury*</td>
<td>________________ (Yes/No)</td>
</tr>
<tr>
<td>Site of Reaction*</td>
<td>________________ (At Donation Site/ Outside Donation Site)</td>
</tr>
<tr>
<td>Donation Completed*</td>
<td>________________ (Yes/No)</td>
</tr>
</tbody>
</table>

### D) Type of Complications:

- **Localised Complications**
  - □ A1-Complications mainly characterized by the occurrence of blood outside the vessels
    - (a) □ Haematoma (bruise)
    - (b) □ Arterial puncture
    - (c) □ Delayed(bleeding/Re-bleeding) _______ (Within 30 minutes of Donation/After 30 minutes of Donation)
  - □ A2-Complications mainly characterized by pain
    - (a) □ Nerve injury/irritation
    - (b) □ Other Painful arm
  - □ A3-Localised infection/inflammation along the course of a vein
    - (a) □ Thrombophlebitis
    - (b) □ Cellulitis
  - □ A4- Allergy (local): Itching and redness at the _______ (Venipuncture Site/Medical Adhesive Medicated Tape/Skin Disinfection Area)
  - □ A5-Other major blood vessel injury -Serious conditions needing specialist medical diagnosis and attention
    - (a) □ Deep venous thrombosis (DVT)
    - (b) □ Arteriovenous fistula
    - (c) □ Compartment syndrome
    - (d) □ Brachial artery pseudoaneurysm
## Generalized Complications

**B1-Vasovagal reactions**
- (a) Generalized Weakness
- (b) Anxiety
- (c) Dizziness
- (d) Nausea
- (e) Vomiting
- (f) Pallor (skin and lips)
- (g) Rapid Pulse
- (h) Convulsions
- (i) Cold extremities
- (j) Hyperventilation
- (k) Hypotension
- (l) Low Vol Pulse
- (m) Feeling of warmth
- (n) Tetany
- (o) Loss of bowel or bladder control
- (p) Cyanosis
- (q) Sweating
- (r) Loss of Consciousness (LOC) (<60 Sec/60 Sec)

**B2-Allergic reactions (Generalized)**
- (a) Cyanosis
- (b) Wheezing
- (c) Flushing, swelling of eyes, lips or tongue
- (d) Chest tightness
- (e) Cardiac arrest

**B3-Other serious complications related to blood donation**
- (a) Acute cardiac symptoms (other than myocardial infarction or cardiac arrest)
- (b) Myocardial infarction (MI)
- (c) Cardiac arrest
- (d) Transient Ischemic attack (TIA)
- (e) Death

**Apheresis Complication**
- Yes/No

**C-Complications related to apheresis**
- (a) Citrate reaction
- (b) Haemolysis during procedure
- (c) Air embolism
- (d) Unable to return red cell (>200 ml)

**Other Complication**
- Please Specify

### Outcome
- □ Resolved on donation site
- □ Resolved on follow up
- □ Recovered with Sequelae
- □ Permanently disabled
- □ Death following the adverse reactions
- □ Unknown

### Imputability
- □ Definite (Certain)
- □ Probable ( Likely)
- □ Possible
- □ Excluded
- □ Unlikely (Doubtful)

**Any Other Information or Predisposing Factors for Submitted Reactions:**

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**Denominator Data about All Donor**

**Total Donation in the month (of reporting)**
- □ Whole blood

**Volume of donation (Total)**
- No. of 350 ml bags
- No. of 450 ml bags

**Apheresis if apheresis**
- RBC
- Platelets
- Plasma
- Plasma+Platelets
- Granulocyte
- Peripheral Blood Stem Cells
- COVID-19 Convalescent Plasma

**Gender of Donor (Total)**
- Male
- Female
- Other

**Type of Donation (Total)**
- Voluntary
- Replacement
- Family Donor
- Autologous

**Donor Types (Total)**
- First-Time Donors
- Repeat Donors

**Site of Donation (Total)**
- Blood Centre
- Camp