



**HOSPITAL SULTAN ABDUL AZIZ SHAH
UNIVERSITI PUTRA MALAYSIA
Kod Dokumen: HSAAS/PATO/DF09**

WORKSHEET FOR INVESTIGATION OF TRANSFUSION REACTION

Patient's name: _____ MRN No. _____
 Gender: _____ Race: _____
 Ward/ Clinic: _____ Date reaction was noted: _____
 Date of returned blood bag: _____ Number of returned blood bag: _____
 Product no.: _____ Product type: _____

Clerical And Visual Check									
PATIENT :	Correct Name	Correct MRN	Visual Check on Sample					Done by	
Pre-transfusion sample	Yes/No	Yes/No	Clear/ Slight haemolysis/ Moderate haemolysis/ Gross haemolysis						
Post-transfusion sample I (Immediately)	Yes/No	Yes/No	Clear/ Slight haemolysis/ Moderate haemolysis/ Gross haemolysis						
Post-transfusion sample II (After 24 hours)	Yes/No	Yes/No	Clear/ Slight haemolysis/ Moderate haemolysis/ Gross haemolysis						
DONOR	Correct Bag No	Expiry date	Visual Check on Blood/ Component					Done by	
Blood bag	Yes/No		Red/ Dark red/ Dark Purple/ Excessive bubbles/ Clot						
Recheck of Blood Grouping									
	Forward				Reverse			Blood Group	Done by
PATIENT :	A	B	AB	D	A	B	O		
Pre-transfusion sample									
Post-transfusion sample I (Immediately)									
Post-transfusion sample II (After 24 hours)									
DONOR (Segment from Blood bag)									

Check for Sensitization and Atypical Antibody							
	Direct Coomb Test	DCT RESULT	Indirect Coomb Test			ICT RESULT	Done by
PATIENT :			I	II	III		
Pre-transfusion sample							
Post-transfusion sample I (Immediately)							
Post-transfusion sample II (After 24 hours)							
DONOR :							

Recheck of Cross matching				
	AHG	RESULT	Done by	
Pre-transfusion sample with Donor blood				
Post-transfusion sample I with Donor blood				
Post-transfusion sample II with Donor blood				
Urine for Hemoglobinuria				
	Gross inspection (after centrifuge)	Urine FEME (blood)	RBC microscopy	Done by
Post-transfusion sample I	Clear yellow/red supernatant			
Post-transfusion sample II	Clear yellow/red supernatant			
Blood Culture				
	Microbiological Report			
From Blood Bag				
From Patient's Blood				

Remarks:

MLT's Signature : _____

Name and stamp : _____

Date : _____