REPORTING FORM FOR TRANSFUSION-RELATED ADVERSE EVENT
TRANSFUSION MEDICINE SERVICE
KEMENTERIAN KESIHATAN MALAYSIA

IMPORTANT INFORMATION

1. Every adverse event related to transfusion of blood or blood component shall be managed, investigated and documented accordingly.
2. The form must be completed and returned to the blood bank within 2 weeks of the incident.
3. The blood bank shall retain the completed form and send a copy to the State Transfusion Committee and the National Haemovigilance Coordinating Centre (NHCC), Pusat Darah Negara within a month.

Reported by:

Name:	Designation:
Email:	Tel. No:
Date:	Fax No:

SECTION A: PATIENT DETAILS

Name of Patient:		
NRIC/ Passport No:	Age:	Hospital:
Barcode:	Gender:	Ward:
		Department:

SECTION B: TYPE OF ADVERSE EVENTS

B1. TRANSFUSION REACTION ☐ **(Fill up section C-J)**

B2. ERROR IN TRANSFUSION PROCESS

a) INCORRECT BLOOD COMPONENT TRANSFUSED ☐ **(Fill up section C-K)**

b) NEAR MISS ☐ **(Proceed to SECTION K1 for 'NEAR MISS' on page 4)**

c) INCIDENT ☐ **(Proceed to SECTION K2 for 'INCIDENT' on page 4)**

Near Miss: Any error that has occurred but did not cause any adverse event as it was detected prior to blood transfusion.

SECTION C: ONSET OF ADVERSE EVENT

C1. IMMEDIATE (within 24 hours of transfusion) ☐

C2. DELAYED (after 24 hours of transfusion) ☐

SECTION D: BLOOD COMPONENTS IMPLICATED IN THE ADVERSE EVENT

D1.	Whole blood	☐	Irradiated:	YES / NO	Filtered:	YES / NO
D2.	Packed Cells	☐	Irradiated:	YES / NO	Filtered:	YES / NO
D3.	Apheresis Platelet	☐	Irradiated:	YES / NO	Pathogen Inactivated:	YES / NO
D4.	Random Platelet	☐	Irradiated:	YES / NO		
D5.	Fresh Frozen Plasma	☐				
D6.	Cryoprecipitate	☐			Pathogen Inactivated:	YES / NO
D7.	Cryosupernatant/ Liver plasma	☐				
D8.	Others (please specify)	_____				

SECTION E: DETAILS OF ADVERSE EVENTS

E1. Date of transfusion: (DD/MM/YY) _____/_____/_____

E2. Time transfusion started: _____am/pm

E3. Time reaction occurred: _____am/pm

E4. Volume transfused: _____ml / unit

SECTION F: RELEVANT CLINICAL HISTORY

F1. Patient's primary / provisional diagnosis: _____

F2. Indication for transfusion:_____

F3. History of pregnancy / miscarriage (if applicable): ☐ YES ☐ NO

F4. a) History of previous transfusion: ☐ YES <3 mths ☐ YES >3 mths ☐ NO ☐ UNKNOWN

b) If YES, component transfused: _____

c) Reaction towards transfusion: ☐ YES ☐ NO

d) If YES, please describe: _____

F5. Other relevant medical and/or surgical history:_____

F6. Emergency crossmatch (immediate spin) ☐ YES ☐ NO

F7. Transfusion with safe "O" or uncrossmatched group specific blood ☐ YES ☐ NO

SECTION G: SIGNS AND SYMPTOMS [Tick all that apply (✓)

G1. General: ☐ Chill ☐ Rigors ☐ Fever ☐ Nausea ☐ Haemorrhage
☐ Restlessness / Anxiety ☐ Vomiting ☐ Cyanosis
☐ Others (specify)_____

G2. Cardiovascular: ☐ Chest pain ☐ Palpitation ☐ Others (specify)_____

G3. Skin: ☐ Oedema ☐ Flushing ☐ Hives ☐ Itching ☐ Pallor
☐ Jaundice ☐ Urticaria ☐ Petechiae ☐ Rash

G4. Pain: ☐ Infusion site pain ☐ Abdominal pain ☐ Chest pain
☐ Flank pain ☐ Headache ☐ Back pain
☐ Other pain (specify)

G5. Renal: ☐ Oliguria ☐ Anuria ☐ Dark coloured urine

G6. Respiratory: ☐ Cough ☐ Hypoxia ☐ Dyspnoea
☐ Wheezing ☐ Others (specify) _____

G7. Patient's baseline observations prior to reaction: Temperature:___°C, BP:___ Pulse rate:___RR:___ SPO_2____

G8. Patient's baseline observations at time of reaction: Temperature:___°C, BP:___Pulse rate:___RR:___ SPO_2____

SECTION H: RELEVANT INVESTIGATIONS

H1. Chest X-ray findings (specify):_____

H2. Relevant **pre-transfusion** laboratory investigation results:
Full blood count:_____
Liver Function:_____
Coagulation Test:_____

H3. Relevant **post-transfusion** laboratory investigation results:
Full blood count including Reticulocyte count:_____
Liver Function:_____
Coagulation Test:_____
Red cells antibodies:_____
Haptoglobin:_____
Blood C&S Patient: POS/ NEG Organism:_____
Blood C&S Donor: POS/ NEG Organism:_____
Urine FEME:_____
☐ Haemoglobinuria ☐ Hematuria

H4. State other relevant investigations if any:_____

SECTION I : PATIENT OUTCOME FROM THE ADVERSE EVENT

I1. Recovered with no ill effects ☐
I2. Recovered with illness (morbidity) ☐

Time frame of recovery _____

Specify the morbidity _____

I3. Death ☐
I4. a) Unlikely related to transfusion ☐
b) Probable related to transfusion ☐
c) Possible related to transfusion ☐

SECTION J: TYPE OF ADVERSE EVENTS: [Tick where applicable]

Section	Events	✓	*
J1	**Incorrect Blood Component / Product Transfused (Proceed to SECTION K for 'IBCT' on page 4)**		*
	J1.1. Acute Immune Haemolytic Anaemia		*
	J1.1a. ABO incompatible		*
	J1.1b. Other red cell incompatibility (e.g. Rh positive given to Rh negative)		*
	J1.2 Blood is compatible but meant for another patient		*
	J1.3. Others :		
	J1.3a. Special requirement not met (e.g. irradiated, filtered, phenotyped)		*
	J1.3b. Inappropriate transfusion (e.g. wrong component)		*
J2	Delayed Haemolytic Transfusion Reaction		*
J3	Non-immune hemolytic reaction (due to mechanical factor, osmotic, heat, cold, etc)		*
J4	Febrile Non- Haemolytic Transfusion Reaction (FNHTR)		
J5	Allergic Reaction		
	a) Mild (Rash / Urticaria)		
	b) Moderate (Anaphylactoid)		*
	c) Severe (Anaphylactic Transfusion Reaction)		*
J6	Transfusion-Related Acute Lung Injury (TRALI)		*
J7	Transfusion-Associated Circulatory Overload (TACO)		*
J8	Transfusion-Associated Dyspnoea (TAD)		*
J9	Transfusion-Associated Graft-versus-Host Disease (TA-GvHD)		*
J10	Post-Transfusion Purpura (PTP)		*
J11	Post-Transfusion Infection : Virus (please specify) _____		*
J12	Post-Transfusion Infection : Bacteria (please specify) _____		*
J13	Post-Transfusion Infection : Parasite (please specify) _____		*
J14	Handling and storage error		*
J15	Equipment related (e.g. faulty waterbath, transfusion set, etc)		*
J16	Others , please specify :		*

*** Please send detailed report for all transfusion reaction except for FNHTR & mild allergy.**

SECTION K: ERRORS AND INCIDENTS IN TRANSFUSION PROCESS [Tick all that apply (✓)]

K1. IBCT AND NEAR MISSES IN TRANSFUSION PROCESS.

No	CLASSIFICATION OF ACTUAL ERRORS / NEAR MISS	
1.	**ERROR IN WARD**	
	a) Sampling error at time of blood taking	
	b) Labelling error at time of blood taking	
	c) Cause cannot be determined	
2.	**TESTING (BLOOD BANK)**	
	a) Technical error	
	b) Transcription error	
	c) Blood issued meant for another patient	
3.	**BLOOD ADMINISTRATION IN THE WARD**	
	a) Failure to check the blood against patient's full identity.	
	b) Others (please specify)	

K2. OTHER INCIDENTS RELATED TO TRANSFUSION PROCESS. (Tick ✓ where applicable)

a)	Sharing same ID (IC, UNHCR, Passport)	
b)	Possible blood grouping error in other hospitals / clinics	
c)	Error in previous admission	
d)	Others (please specify)	

K3. ERROR/ INCIDENT DISCOVERED (Tick ✓ where applicable)

☐ Pre-Transfusion
☐ During Transfusion
☐ Post-Transfusion

Please describe in detail how error was discovered (additional pages to be filled if necessary):

_____

_____

_____

_____

_____

_____

Please send root cause analysis (RCA) report for all IBCTs and Near Misses.