REPORTING FORM FOR TRANSFUSION-RELATED ADVERSE EVENT
TRANFUSION 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:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Designation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td>Tel. No:</td>
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<tr>
<td>Date:</td>
<td>Fax No:</td>
</tr>
</tbody>
</table>

SECTION A: PATIENT DETAILS

<table>
<thead>
<tr>
<th>Name of Patient:</th>
<th>NRIC/ Passport No:</th>
<th>Age:</th>
<th>Hospital:</th>
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</thead>
</table>

| Barcode: | Gender: | Ward: | Department: |

SECTION B: TYPE OF ADVERSE EVENTS

B1. TRANSFUSION REACTION

B2. ERROR IN TRANSFUSION PROCESS
   a) INCORRECT BLOOD COMPONENT TRANSFUSED
   b) NEAR MISS
   c) INCIDENT

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 □ Restlessness / Anxiety □ Rigors □ Fever □ Nausea □ Haemorrhage
    □ Vomiting □ Cyanosis □ Others (specify) __________________________

G2. Cardiovascular: □ Chest pain □ Palpitation □ Others (specify)

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

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: ___ SPO₂:

G8. Patient’s baseline observations at time of reaction:
    Temperature: ___ °C, BP: ___ Pulse rate: ___ RR: ___ SPO₂:

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

1. Recovered with no ill effects
2. Recovered with illness (morbidity)

Time frame of recovery

Specify the morbidity

3. Death
4. 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 | ✓ | *
| J5a.    | Mild (Rash / Urticaria) | ✓ | *
| J5b.    | Moderate (Anaphylactoid) | ✓ | *
| J5c.    | 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.

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