

WORKSHEET FOR INVESTIGATION OF TRANSFUSION REACTION

Patient's name : _____
 Ward : _____
 Date reaction was noted : _____

Reg. No. : _____
 No. of returned blood packs : _____
 Date blood was returned : _____

I. RECHECK OF BLOO GROUPING	ANTI SERA				CELL			ANTI SERA	GROUP	Rh			
	A	B	AB	AC	A	B	O	D					
Patient :-													
1. Pre-Transfusion Sample													
2. Post-Transfusion Sample I													
3. Post-Transfusion Sample II													
Donor :-													
1. Blood from Segment													
II. CHECK FOR SENSITIZATION AND ATYPICAL ANTIBODY	DIRECT COOMBS TEST ON CELLS				ANTIBODY SCREENING USING SCREENING CELLS								
					RT			37°C/ LISS / ALBUMIN			AHG		
					I	II	III	I	II	III	I	II	III
Patient :-													
1. Pre-Transfusion Sample													
2. Post-Transfusion Sample I													
3. Post-Transfusion Sample II													
Donor													
III. RECHECK OF CROSSMATCHINGS:-					RT			37°C/ LISS / ALBUMIN			AHG		
1. Pre-Transfusion Sample with Donor Blood													
2. Post-Transfusion Sample I with Donor Blood													
3. Post -Transfusion Sample II with Donor Blood													
IV. URINE:-							HAEMOGLOBIN						
1. Post-Transfusion Sample I													
2. Post-Transfusion Sample II													
V. BLOOD CULTURE.				DATE SENT				BACTERIOLOGICAL REPORT					
1. From Blood Bag													

CONCLUSION :

Signature : _____
 Name : _____
 Date : _____