

**CSSCD Phases 2 and 3**  
**3.4: Transfusion Form – Form TX**

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**QUESTION-BY-QUESTION SPECIFICATIONS FOR THE TRANSFUSION FORM**

**Question 1. Person completing form:** The person completing the TRANSFUSION FORM should enter his/her name on the line and initials in the three boxes to the right of the line.

**Question 2. CSSCD code number of person completing form:** The code number of the person completing the Transfusion Form is to be assigned by the Data Coordinator at each clinic.

**Question 3. Date of transfusion:** The date the patient received the transfusion should be entered in the MM/DD/YY date format (e.g., October 24, 1994, would be entered 10/24/94).

**Question 4. Reason for transfusion:** Refer to the reason choices listed in the box below Question 4, and write in the reason for the transfusion. The name of the reason, not just the code number, **MUST** be written in.

**EXAMPLE**

4. Reason for transfusion (see choices below):

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OFFICE USE

**Pre-op transfusion for cholecystectomy 090**

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If Surgery is given as the reason for the transfusion, include the type of surgery with the reason (see example above).

NOTE: DO NOT list chronic transfusion as a reason for Question 4. Information about chronic transfusion program status and the reason for the chronic transfusion program are collected in Questions 5 and 5.1. Question 4 refers to a specific type of event for which the patient is being transfused (e.g., CVA, Acute Chest Syndrome, etc.).

**Question 5. Is patient in a chronic transfusion program?:** Place a check mark in the

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appropriate 1. NO or 2. YES box. If the response to Question 5 is 2. YES, Question 5.1 MUST be answered.

**Question 5.1 Reason for chronic transfusion:** Refer to the reason choices listed in the box below Question 4, and write in the reason for the chronic transfusion program. The reason in text MUST be specified, not just the reason code number.

**Question 6. Type of transfusion:** Place a check mark in the appropriate response box: 1. SIMPLE, 2. PARTIAL EXCHANGE, or 3. EXCHANGE ( $\geq 35$  cc/kg transfused).

**Question 7. Total hemoglobin & % HbA results immediately PRIOR to this transfusion - REQUIRED ONLY FOR patients who are being transfused for an acute CVA or as part of a chronic transfusion program. Questions 7.1-7.4 MUST be completed for these patients.**

PRE-TRANSFUSION hemoglobin and hemoglobin A are required. Blood for these test should be drawn IMMEDIATELY BEFORE the patient is transfused.

**Question 7.1 Hb:** Record the pre-transfusion hemoglobin value in the boxes to the right of Question 7.1.

**Question 7.2 Date of Hb:** Record the date that the pre-transfusion hemoglobin specimen was DRAWN. The date should be entered in the MM/DD/YY date format (e.g., October 24, 1994, would be entered 10/24/94).

**Question 7.3 HbA%:** Record the pre-transfusion percentage of HbA in the boxes to the right of Question 7.3.

**Question 7.4 Date of HbA:** Record the date that the pre-transfusion specimen for HbA was DRAWN. The date should be entered in the MM/DD/YY date format (e.g., October 24, 1994, would be entered 10/24/94).

**CODEBOOK FOR CSSCD FORM TX  
TRANSFUSION FORM  
CSSCD INFANT COHORT PATIENTS**

CONTENTS OF SAS DATASET: TX\_PUBN.SD2  
DATA FROM CSSCD FORM TX - TRANSFUSION FORM  
VARIABLES ARE LISTED IN ALPHABETICAL ORDER AND IN ORDER OF THEIR POSITION  
IN THE SAS DATASET AND ON FORM TX  
DATE VARIABLES HAVE BEEN REMOVED & CSSCD ID #S REPLACED W/ ANONYMIZED ID #

The SAS System 11:47 Tuesday, March 16, 2004 1

The CONTENTS Procedure

Data Set Name: IN.TX_PUBN	Observations:	1283
Member Type: DATA	Variables:	15
Engine: V6	Indexes:	0
Created: 11:50 Tuesday, March 16, 2004	Observation Length:	164
Last Modified: 11:50 Tuesday, March 16, 2004	Deleted Observations:	0
Protection:	Compressed:	NO
Data Set Type:	Sorted:	NO
Label:		

-----Engine/Host Dependent Information-----

Data Set Page Size: 16384  
 Number of Data Set Pages: 14  
 First Data Page: 1  
 Max Obs per Page: 99  
 Obs in First Data Page: 85  
 Number of Data Set Repairs: 0  
 File Name: tx\_pubn.sd2  
 Release Created: 6.08.00  
 Host Created: WIN

-----Alphabetic List of Variables and Attributes-----

#	Variable	Type	Len	Pos	Format	Informat	Label
1	ANONID	Char	8	0			ANONYMIZED ID #
3	TXBNO	Num	8	9	3.	3.	DATA ENTRY BATCH NUMBER
8	TXCHRN	Num	8	66	2.	2.	5 IS PATIENT IN A CHRONIC TX PROGRAM
5	TXCODE	Num	8	20	3.	3.	2 CODE NO OF PERSON COMPLETING FORM
10	TXORSCHR	Char	40	82			511 OTH REASON FOR CHRON TX SPECIFY
7	TXOTHRSN	Char	30	36			411 OTHR REASON FOR TX SPECIFY TYPE
15	TXOVERS	Char	2	154			VERSION DATA TRANSCRIBED FROM
12	TXPRHB	Num	8	130	4.	4.1	71 HEMOGLOBIN IMMED PRIOR TO THIS TX
13	TXPRHBA	Num	8	138	4.	4.1	73 HEMOGLOBIN A% IMMED PRIOR TO TX
16	TXPRHBS	Num	8	156	4.	4.1	HEMOGLOBIN S% IMMED PRIOR TO TX
6	TXRSN	Num	8	28	3.	3.	4 REASON FOR TRANSFUSION
9	TXRSNCHR	Num	8	74	3.	3.	51 REASON FOR CHRONIC TRANSFUSION
14	TXTRNSC	Num	8	146	2.	2.	DATA TRANSCRIBED FROM OLDER VERSION
11	TXTYPE	Num	8	122	2.	2.	6 TYPE OF TRANSFUSION
2	TXVERS	Char	1	8			FORM VERSION

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```
*****
* TXN.FMT contains value labels for numerical codes assigned to categorical *
* variables in the SAS dataset TX_PUNU.SD2 *
*****;
```

```
PROC FORMAT;
```

```
* FORMAT CODE IS DEFINED FOR VARIABLES: TXRSN TXRSNCHR;
```

```
VALUE CODE          10='VASOOCCLUSIVE PAIN'
                    20='ACUTE CHEST SYNDROME'
                    30='FEVER WITHOUT SOURCE'
                    41='SEPSIS'
                    42='MENINGITIS'
                    43='OSTEOMYELITIS'
                    50='CEREBROVASCULAR ACCIDENT'
                    53='SEIZURE'
                    60='ACUTE ANEMIA, UNSPECIFIED'
                    61='SPLENIC SEQUESTRATION'
                    62='APLASTIC CRISIS'
                    63='OTHER ANEMIA (SPECIFY TYPE)'
                    70='RIGHT UPPER QUADRANT'
                    80='PRIAPISM'
                    90='SURGERY (PRE-OP)'
                    91='SURGERY (INTRA-OP)'
                    92='SURGERY (POST-OP)'
                    100='LEG ULCER'
                    110='ASEPTIC NECROSIS'
                    120='RENAL COMPLICATIONS'
                    130='DELIVERY'
                    140='PREGNANCY'
                    160='OTHER (SPECIFY TYPE)';
```

```
* FORMAT NO_YES IS DEFINED FOR VARIABLES: TXCHRN TXTRNSC;
```

```
VALUE NO_YES        1='NO'
                    2='YES';
```

```
VALUE TXTYPE        1='SIMPLE'
                    2='PARTIAL EXCHANGE'
                    3='EXCHANGE';
```

```
format TXRSN TXRSNCHR CODE.
        TXCHRN TXTRNSC NO_YES.
        TXTYPE TXTYPE.;
```

```
run;
quit;
```

**CODEBOOK FOR CSSCD FORM TX**  
**TRANSFUSION FORM**  
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TXVERS ----- FORM VERSION

type: string (str1)

unique values: 1                      coded missing: 0 / 1283

tabulation: Freq. Value  
                   1283 "C"

TXRSN ----- 4 REASON FOR TRANSFUSION

type: numeric (float)

label: TXRSN

range: [10,160]                      units: 1

unique values: 17                      coded missing: 0 / 1283

tabulation: Freq.	Numeric	Label
80	10	VASOOCCLUSIVE PAIN
119	20	ACUTE CHEST SYNDROME
1	42	MENINGITIS
742	50	CEREBROVASCULAR ACCIDENT
1	60	ACUTE ANEMIA, UNSPECIFIED
4	61	SPLenic SEQUESTRATION
21	62	APLASTIC CRISIS
43	63	OTHER ANEMIA (SPECIFY TYPE)
7	70	RIGHT UPPER QUADRANT
6	80	PRIAPISM
51	90	SURGERY (PRE-OP)
3	92	SURGERY (POST-OP)
14	100	LEG ULCER
9	110	ASEPTIC NECROSIS
3	120	RENAL COMPLICATIONS
3	130	DELIVERY
176	160	OTHER (SPECIFY TYPE)

CODEBOOK FOR CSSCD FORM TX

TRANSFUSION FORM

CSSCD INFANT COHORT PATIENTS

TXOTHRSN ----- 411 OTHR REASON FOR TX SPECIFY TYPE

type: string (str30)

unique values: 29

coded missing: 0 / 1283

tabulation: Freq. Value

1107	"-7"
1	"ABN MR & NEURO EXAM"
5	"ABN TCD"
1	"ALTERED MENTAL STATE"
17	"BRAIN INFARCT"
9	"CHRONIC PAIN"
1	"CHRONIC VASOOCCLUSIVE PAIN"
4	"GROWTH DELAY"
1	"GROWTH STUDY"
1	"HB DROPPED; FEVER"
3	"HYPHEMA"
1	"HYPHEMA - R. EYE"
1	"HYPOXIA"
1	"HYPOXIC"
1	"LEG INFARCT"
10	"LUNG DISEASE - S/P ARDS"
1	"LUNG DISEASE -S/P ARDS"
20	"LUNG DISEASE S/P ARDS"
4	"PREVENTION OF CVA"
1	"PULMONARY"
14	"PULMONARY HYPERTENSION"
2	"RECURRENT LEG INFARCT"
3	"RECURRENT LEG INFARCTS"
2	"RESPIRATORY DISTRESS"
1	"SILENT BRAIN INFARCT"
1	"SILENT INFARCT"
39	"STOP STUDY"
21	"STROKE PREVENTION"
10	"SUBCLINICAL STROKE"

TXOTHRSN:

1. Response required only if TXRSN=160.

TXCHRN ----- 5 IS PATIENT IN A CHRONIC TX PROGRAM

type: numeric (float)

label: TXCHRN

range: [1,2]

units: 1

unique values: 2

coded missing: 0 / 1283

tabulation: Freq. Numeric Label

317	1	NO
966	2	YES

SECTION 3.4 TRANSFUSION FORM

FORM TX

CODEBOOK FOR CSSCD FORM TX

TRANSFUSION FORM

CSSCD INFANT COHORT PATIENTS

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TXRSNCHR ----- 51 REASON FOR CHRONIC TRANSFUSION

type: numeric (float)  
label: TXRSNCHR

range: [10,160] units: 10  
unique values: 7 coded missing: 319 / 1283

tabulation:	Freq.	Numeric	Label
	51	10	VASOOCCLUSIVE PAIN
	23	20	ACUTE CHEST SYNDROME
	738	50	CEREBROVASCULAR ACCIDENT
	15	100	LEG ULCER
	2	110	ASEPTIC NECROSIS
	1	120	RENAL COMPLICATIONS
	134	160	OTHER (SPECIFY TYPE)

TXORSCHR ----- 511 OTH REASON FOR CHRON TX SPECIFY

type: string (str40)

unique values: 17 coded missing: 0 / 1283

tabulation:	Freq.	Value
	1147	"-7"
	2	"-9"
	5	"ABN TCD"
	17	"BRAIN INFARCT"
	7	"CHRONIC PAIN"
	1	"LUNG DISEAS - S/P ARDS"
	1	"LUNG DISEASE - S/P ARDS"
	1	"LUNG DISEASE - S/P ADRD"
	7	"LUNG DISEASE - S/P ARDS"
	1	"LUNG DISEASE -S/P ARDS"
	20	"LUNG DISEASE S/P ARDS"
	5	"PREVENTION OF CVA"
	1	"SILENT BRAIN INFARCT"
	1	"SILENT INFARCT"
	39	"STOP STUDY"
	18	"STROKE PREVENTION"
	10	"SUBCLINICAL STROKE"

TXORSCHR:

1. Response required only if TXRSNCHR=160.

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TRANSFUSION FORM

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TXTYPE ----- 6 TYPE OF TRANSFUSION

type: numeric (float)  
label: TXTYPE

range: [1,3] units: 1  
unique values: 3 coded missing: 44 / 1283

tabulation: Freq. Numeric Label  
972 1 SIMPLE  
99 2 PARTIAL EXCHANGE  
168 3 EXCHANGE

TXPRHB ----- 71 HEMOGLOBIN IMMEDIATE PRIOR TO THIS TX

type: numeric (float)

range: [5.6,13.3] units: .1  
unique values: 63 coded missing: 348 / 1283

mean: 9.41251  
std. dev: 1.02012

percentiles: 10% 25% 50% 75% 90%  
8.1 8.9 9.4 10 10.7

TXPRHB:

1. Response required only if TXCHRN=2 and/or TXRSN=50.

TXPRHBA ----- 73 HEMOGLOBIN A% IMMEDIATE PRIOR TO TX

type: numeric (float)

range: [0,98] units: .1  
unique values: 267 coded missing: 553 / 1283

mean: 68.2184  
std. dev: 18.5078

percentiles: 10% 25% 50% 75% 90%  
45.4 60.8 72 80 88

TXPRHBA:

1. Response required only if TXCHRN=2 and/or TXRSN=50.



CODEBOOK FOR CSSCD FORM TX

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TXPRHBS ----- HEMOGLOBIN S% IMMEDIATE PRIOR TO TX

type: numeric (float)  
range: [0,84] units: .1  
unique values: 51 coded missing: 1144 / 1283  
mean: 21.6209  
std. dev: 13.5503  
percentiles: 10% 25% 50% 75% 90%  
9 13 19.3 27 35

TXPRHBS:

1. Response not required, entered if source document with result submitted.

TXTRNSC ----- DATA TRANSCRIBED FROM OLDER VERSION

type: numeric (float)  
label: TXTRNSC  
range: [1,2] units: 1  
unique values: 2 coded missing: 0 / 1283

tabulation:	Freq.	Numeric	Label
	1239	1	NO
	44	2	YES

TXOVERS ----- VERSION DATA TRANSCRIBED FROM

type: string (str2)  
unique values: 3 coded missing: 0 / 1283  
tabulation: Freq. Value  
11 "-1"  
1228 "-7"  
44 "A"

TXOVERS:

1. Response required only if TXTRNSC=2.

\_dta:

1. Created 12/09/99.