



LEUKOCYTE ANTIBODIES PREVALENCE STUDY - PHASE II

12986

EXTENDED DATA COLLECTION FORM

Study_ID_Label

Please refer to clinical information from daily chart notes, laboratory test results, radiology reports, echocardiogram reports, discharge summary, nursing notes, blood bank issue and transfusion forms and other chart records to complete this form.

STUDY ID LABEL

All dates are formatted mm/dd/yyyy. Variables in the delivery file all start with EF_.

SECTION A: GENERAL INFORMATION

AAbstractedBy

DATE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ABSTRACTED BY:	<input type="text"/>
	ADateMM	/	ADateDD	/	ADateYYYY						
SOURCE OF INFORMATION: (Check all that apply)											
SourceElecRad	1	<input type="checkbox"/>	ELECTRONIC RADIOLOGY REPORTS DATABASE								
SourceElecMed	1	<input type="checkbox"/>	ELECTRONIC MEDICAL RECORDS INCLUDING RADIOLOGY REPORTS								
SourcePaper	1	<input type="checkbox"/>	PAPER MEDICAL RECORDS								
SourceOth	1	<input type="checkbox"/>	OTHER SPECIFY: AsrcInfoSpecifyFilledIn								
ABUINumber	BUI #	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
AIndexBloodNotTx	IS THERE DOCUMENTED EVIDENCE THAT INDEX BLOOD PRODUCT WAS NOT TRANSFUSED?						YES <input type="checkbox"/> 1		NO <input type="checkbox"/> 2		
							Stop data collection		Continue		

SECTION B: ADMISSION & DISCHARGE

			DATE (mm/dd/yyyy)				TIME (military)			
BHospAdmMM	BHospAdmDD	ADMISSION	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	BHospAdmTime	
BHospDisMM	BHospDisDD	DISCHARGE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	BHospDisTime (when available)	
BICUAdmMM	BICUAdmDD	ADMISSION	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	BICUAdmTime	
BICUDisMM	BICUDisDD	DISCHARGE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	BICUDisTime	
DISCHARGE STATUS		ALIVE <input type="checkbox"/> A	DECEASED <input type="checkbox"/> D	BDischargeStatus						
DISCHARGE DIAGNOSIS List up to 10 diagnosis. List ICD codes if available in the record. Collect only if NOT previously collected in Screening Form.			DESCRIPTIVE DIAGNOSIS				ICD-9 CODE			
	1.						<input type="text"/>	<input type="text"/>	BICD9_Code1	
	2.						<input type="text"/>	<input type="text"/>	BICD9_Code2	
	3.						<input type="text"/>	<input type="text"/>	BICD9_Code3	
	4.						<input type="text"/>	<input type="text"/>	BICD9_Code4	
	5.						<input type="text"/>	<input type="text"/>	BICD9_Code5	
	6.						<input type="text"/>	<input type="text"/>	BICD9_Code6	
	7.						<input type="text"/>	<input type="text"/>	BICD9_Code7	
	8.						<input type="text"/>	<input type="text"/>	BICD9_Code8	
	9.						<input type="text"/>	<input type="text"/>	BICD9_Code9	
	10.						<input type="text"/>	<input type="text"/>	BICD9_Code10	

BICD9_Code11

BICD9_Code12

BICD9_Code13

BICD9_Code14

BICD9_Code15



12986

SECTION C: PATIENT DEMOGRAPHICS

AGE <small>CAge</small>	<input type="text"/> <input type="text"/> <input type="text"/>	YEARS	GENDER <small>CGender</small>	MALE <input type="checkbox"/> M	FEMALE <input type="checkbox"/> F
WEIGHT <small>CWeight</small>	<input type="text"/> <input type="text"/> <input type="text"/>	P <input type="checkbox"/> LBS K <input type="checkbox"/> KG	HEIGHT	<input type="text"/> <input type="text"/> FT	<input type="text"/> <input type="text"/> IN or <input type="text"/> <input type="text"/> <input type="text"/> CM
RACE / ETH <small>CRace_Eth</small>	<input type="checkbox"/> W	<input type="checkbox"/> B	<input type="checkbox"/> H	<input type="checkbox"/> A	<input type="checkbox"/> Other

SECTION D: TRANSFUSION ADMINISTRATION

DATE OF Tx: (mm/dd/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	TIME OF Tx: (military)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<small>DTimeTx</small>
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LIST BUI numbers of all involved products and their ABO/Rh type (within 6 hours prior to the onset of reaction):

BUI #	ABO/Rh	BUI #	ABO/Rh
<small>DBUI Num1</small>	<small>DBloodType1</small> <input type="checkbox"/> + <input type="checkbox"/> -		<small>DBloodType10</small> <input type="checkbox"/> + <input type="checkbox"/> -
<small>DBUI Num2</small>	<small>DBloodType2</small> <input type="checkbox"/> + <input type="checkbox"/> -		<small>DBloodType11</small> <input type="checkbox"/> + <input type="checkbox"/> -
<small>DBUI Num3</small>	<small>DBloodType3</small> <input type="checkbox"/> + <input type="checkbox"/> -		<small>DBloodType12</small> <input type="checkbox"/> + <input type="checkbox"/> -
<small>DBUI Num4</small>	<small>DBloodType4</small> <input type="checkbox"/> + <input type="checkbox"/> -		<small>DBloodType13</small> <input type="checkbox"/> + <input type="checkbox"/> -
<small>DBUI Num5</small>	<small>DBloodType5</small> <input type="checkbox"/> + <input type="checkbox"/> -		<small>DBloodType14</small> <input type="checkbox"/> + <input type="checkbox"/> -
<small>DBUI Num6</small>	<small>DBloodType6</small> <input type="checkbox"/> + <input type="checkbox"/> -		<small>DBloodType15</small> <input type="checkbox"/> + <input type="checkbox"/> -
<small>DBUI Num7</small>	<small>DBloodType7</small> <input type="checkbox"/> + <input type="checkbox"/> -		<small>DBloodType16</small> <input type="checkbox"/> + <input type="checkbox"/> -
<small>DBUI Num8</small>	<small>DBloodType8</small> <input type="checkbox"/> + <input type="checkbox"/> -		<small>DBloodType17</small> <input type="checkbox"/> + <input type="checkbox"/> -
<small>DBUI Num9</small>	<small>DBloodType9</small> <input type="checkbox"/> + <input type="checkbox"/> -		<small>DBloodType18</small> <input type="checkbox"/> + <input type="checkbox"/> -

VITAL SIGNS (See Note 1)	BP (mm Hg)	PULSE/MIN	RESP/MIN	TEMP (degree F)
BEFORE Tx: <small>DBPTopBefTx</small>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<small>DPulseBefTx</small>	<small>DRespBefTx</small>	<small>DTempBefTx</small>
1/2 HR DURING: <small>DBPTopHalfHr</small>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<small>DPulseHalfHr</small>	<small>DRespHalfHr</small>	<small>DTempHalfHr</small>
1 HR DURING: <small>DBPTop1Hr</small>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<small>DPulse1Hr</small>	<small>DResp1Hr</small>	<small>DTemp1Hr</small>
2 HR DURING: <small>DBPTop2Hr</small>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<small>DPulse2Hr</small>	<small>DResp2Hr</small>	<small>DTemp2Hr</small>
AT COMPLETION OF Tx: <small>DBPTopCompletion</small>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<small>DPulseCompletion</small>	<small>DRespCompletion</small>	<small>DTempCompletion</small>

Tx REACTION: <small>DTxReactionYN</small> (Within 6 hrs of completion of unit)	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	REPORTED TO BLOOD BANK:	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2
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TYPE OF REACTION: (Describe) (See Note 2) DReportBloodBankYN



SECTION E: HYPOXEMIA EXCLUSION CRITERIA

Concentrate the chart review process around the time window of 24 hours prior and 24 hours after transfusion of study unit. Please complete respiratory status within **six hours** of completion of the transfusion.

Estimate FiO_2 as follows, if patient is receiving oxygen by nasal cannula or mask.

Room air: 0.21	1 Liter of O_2 : 0.23	2 Liters of O_2 : 0.25	3 Liters of O_2 : 0.27
4 Liters of O_2 : 0.30	5 Liters of O_2 : 0.35	6, 7 Liters of O_2 : 0.40	8, 9, 10 Liters of O_2 : 0.49

If receiving oxygen therapy with mechanical ventilation, use percent oxygen recorded on the patient's respiratory care data. Review ventilator data to find FiO_2 value (eg. 40% oxygen administration equals a FiO_2 of 0.4).

RESPIRATORY STATUS	YES	NO	NR
Oxygen saturation (SpO_2) less than 90% by pulse oxymetry without oxygen therapy? <small>E_{OxySatLT90WithoutOxy}</small>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
Oxygen saturation (SpO_2) less than 90% by pulse oxymetry while receiving oxygen therapy <small>E_{OxySatLT90WithOxy}</small>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
Ratio of $SpO_2 / FiO_2 < 315$ <small>E_{RatioSpO2_FiO2_LT315}</small>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
Ratio of $PaO_2 / FiO_2 < 300$ (PaO_2 = oxygen saturation on arterial blood gas analysis) <small>E_{RatioPaO2_FiO2_LT3000}</small>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>

If answer to **ANY** of the above respiratory status items is **YES** then further chart review is required. If answer to **ALL** of the above respiratory status items is **NO** then stop now and send original form to Westat.



12986

SECTION F: PATIENT HISTORY & CLINICAL FINDINGS

NO.	ITEM	YES	NO	NR	F1StartDD START DATE (If applicable)			F1ResolveDD RESOLVE DATE (If applicable)			NOTES				
					F1StartMM	F1StartDD	F1StartYYYY	F1ResolveMM	F1ResolveDD	F1ResolveYYYY					
1	Acute CNS Injury (within 7 days before Tx) <small>F1YNNR</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		/		/				Note 3			
2	Acute renal failure (within 7 days before TX) <small>F2YNNR</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F2StartMM	/	F2StartDD	/	F2StartYYYY	F2ResolveMM	/	F2ResolveDD	/	F2ResolveYYYY	Note 4
3	Aspiration <small>F3YNNR</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F3StartMM	/	F3StartDD	/	F3StartYYYY	F3ResolveMM	/	F3ResolveDD	/	F3ResolveYYYY	Note 5
4	Bone marrow stem cell transplant in past 12 months <small>F4YNNR</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
5	Burn as an admitting diagnosis (if within 48 hrs before reaction) <small>F5YNNR</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
6	Cancer or recent (within 1 month) chemotherapy <small>F6YNNR</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
7	Cardiac bypass during current admission (within 48 hrs before reaction) <small>F7YNNR</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
8	Cardiac ischemia during current admission (within 7 days before Tx) <small>F8YNNR</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
9	Hx of chronic alcohol abuse <small>F9YNNR</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							Note 6				
10	Hx of chronic renal failure <small>F10YNNR</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							Note 7				
11	Congestive heart failure during current admission (within 7 days before Tx) <small>FY11YNNR</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							Note 8				
12	Hx of coronary artery disease <small>F12YNNR</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
13	Hx of diabetes mellitus <small>F13YNNR</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							Note 9				
14	DIC during current admission (within 7 days before Tx) <small>F14YNNR</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F14StartMM	/	F14StartDD	/	F14StartYYYY	F14ResolveMM	/	F14ResolveDD	/	F14ResolveYYYY	Note 10
15	Drug overdose as admitting diagnosis (within 48 hrs before reaction) <small>F15YNNR</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
16	Exposure to high altitude as admitting diagnosis (within 48 hrs before reaction) <small>F16YNNR</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
17	Heat stroke as admitting diagnosis (within 48 hrs before reaction) <small>F17YNNR</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
18	Hemorrhagic shock during current admission (within 48 hrs before reaction) <small>F18YNNR</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
19	High INR (>3.0) during current admission (within 7 days before Tx) <small>F19YNNR</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
20	Hx of immunosuppression <small>F20YNNR</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
21	Just underwent surgery (within 48 hours) <small>F21YNNR</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F21StartMM	/	F21StartDD	/	F21StartYYYY	F21ResolveMM	/	F21ResolveDD	/	F21ResolveYYYY	



F23Y
NNR

F29Y
NNR

NO.	ITEM	YES	NO	NR	NOTES
22	Hx of leukemia or lymphoma F22YNNR	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	
23	Lung contusion during current admission (if diagnosis made within 48 hrs before reaction)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	Note 11
24	Lung radiation in previous six months F24YNNR	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	
25	Multiple fractures during current admission (within 7 days before Tx) F25YNNR	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	
26	Near drowning as reason for admission (within 48 hrs before reaction) F26YNNR	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	
27	Hx of chronic obstructive lung disease F27YNNR	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	
28	Acute pancreatitis during current admission (within 7 days before Tx) F28YNNR	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	Note 12
29	Rapid resolution of lung infiltrates on chest x-ray	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	If within 6 hrs with diuresis/dialysis
30	Receiving amiodarone during current admission (within 48 hrs before reaction) F30YNNR	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	
31	Hx of restrictive lung disease F31YNNR	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	
32	Hx of severe liver disease F32YNNR	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	Note 13
33	Symptomatic anemia during current admission (within 48 hrs before reaction) F33YNNR	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	Note 14
34	Upper airway obstruction during current admission (within 48 hrs before reaction) F34YNNR	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	

SECTION G: OTHER CLINICAL FINDINGS

NO.	ITEM	YES	NO	NR	VALUE	DATE (mm/dd/yyyy)	TIME (military)	NOTES
1	Dialysis within 7 days before the study unit Tx (Hemo or Peritoneal) G1YNNR	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9		G1DateMM / G1DateDD / G1DateYYYY	G1Time	
2	Dialysis within 7 days after the study unit Tx (Hemo or Peritoneal) G2YNNR	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9		G2DateMM / G2DateDD / G2DateYYYY	G2Time	
3	Extubation (within 24 hrs before reaction) G3YNNR	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9		G3DateMM / G3DateDD / G3DateYYYY		Note 15
4a	FiO ₂ (highest value) in 24 hrs before Tx of study unit (liters per minute) G4aYNNR	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	G4aValue	G4aDateMM / G4aDateDD / G4aDateYYYY	G4aTime	
4b	FiO ₂ (highest value) in 24 hrs before Tx of study unit (fraction of one) G4bYNNR	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	G4bFractionOf1	G4bDateMM / G4bDateDD / G4bDateYYYY	G4bTime	
5a	FiO ₂ (highest value in 24 hrs after Tx of study unit (liters per minute) G5aYNNR	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	G5aValue	G5aDateMM / G5aDateDD / G5aDateYYYY	G5aTime	
5b	FiO ₂ (highest value in 24 hrs after Tx of study unit (fraction of one) G5bYNNR	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	G5bFractionOf1	G5bDateMM / G5bDateDD / G5bDateYYYY	G5bTime	
6	Fluid balance - Excess fluid 24 hrs before Tx of study unit (mL) G6YNNR	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	G6Value	G6DateMM / G6DateDD / G6DateYYYY	G6Time	Note 16



NO.	ITEM	YES	NO	NR	VALUE	DATE (mm/dd/yyyy)			TIME (military)	NOTES
G7Y NNR	7 Intubation within 24 hrs before Tx of study unit (If YES answer a-d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		G7DateMM	G7DateDD	G7DateYYYY	G7Time	
	7a Tidal volume (mm) <small>G7aYNNR</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G7aValue	G7aDateMM	G7aDateDD	G7aDateYYYY	G7aTime	
	7b Peak airway pressure (mm Hg) <small>G7bYNNR</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G7bValue	G7bDateMM	G7bDateDD	G7bDateYYYY	G7bTime	
	7c Plateau airway pressure (mm Hg) <small>G7cYNNR</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G7cValue	G7cDateMM	G7cDateDD	G7cDateYYYY	G7cTime	
G7dY NNR	7d PEEP (Peak End Expiratory Pressure) (mm Hg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G7dValue	G7dDateMM	G7dDateDD	G7dDateYYYY	G7dTime	
	8 Intubation within 24 hrs after Tx of study unit (If YES answer a-d) <small>G8YNNR</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		G8DateMM	G8DateDD	G8DateYYYY	G8Time	
	8a Tidal volume (mm) <small>G8aYNNR</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G8aValue	G8aDateMM	G8aDateDD	G8aDateYYYY	G8aTime	
	8b Peak airway pressure (mm Hg) <small>G8bYNNR</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G8bValue	G8bDateMM	G8bDateDD	G8bDateYYYY	G8bTime	
	8c Plateau airway pressure (mm Hg) <small>G8cYNNR</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G8cValue	G8cDateMM	G8cDateDD	G8cDateYYYY	G8cTime	
G8dY NNR	8d PEEP (Peak End Expiratory Pressure) (mm Hg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G8dValue	G8dDateMM	G8dDateDD	G8dDateYYYY	G8dTime	
G9Y NNR	9 Invasive procedure: Central line placement within 24 hrs before Tx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		G9DateMM	G9DateDD	G9DateYYYY	G9Time	
	10 Invasive procedure: Liver biopsy <small>G10YNNR</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		G10DateMM	G10DateDD	G10DateYYYY	G10Time	
	11 Invasive procedure: Lumbar puncture (within 24 hrs before Tx) <small>G11YNNR</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		G11DateMM	G11DateDD	G11DateYYYY	G11Time	
	12 Invasive procedure: Other (within 24 hrs before Tx) Specify: <small>G12YNNR</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		G12DateMM	G12DateDD	G12DateYYYY	G12Time	
	13 Mechanical ventilation within 24 hrs before study unit Tx <small>G13YNNR</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		G13DateMM	G13DateDD	G13DateYYYY	G13DateTime	
	14 List all medications given to the patient within 24 hrs prior to transfusion:									
	1. <small>G14Med1</small>				<small>G14Med5</small>				<small>G14Med9</small>	
	2. <small>G14Med2</small>				<small>G14Med6</small>				<small>G14Med10</small>	
	3. <small>G14Med3</small>				<small>G14Med7</small>				<small>G14Med11</small>	
	4. <small>G14Med4</small>				<small>G14Med8</small>				<small>G14Med12</small>	



12986

NO.	ITEM	PROCEDURE	DATE (mm/dd/yyyy)	TIME (military)	NOTES
15	<p><i>G15Procedure</i> Oxygen administration method within 24 hrs before Tx of study unit</p>	<p>1 Nasal Cannula <input type="checkbox"/> <i>GNasalBefTx</i> 2 Face <input type="checkbox"/> <i>GFaceBedTx</i> 3 CPAP <input type="checkbox"/> <i>GCPAPBefTx</i> 4 Intubation <input type="checkbox"/> <i>GIntubBefTx</i> 9 Other <input type="checkbox"/> <i>GOtherBefTx</i></p>	<p><i>G15ProcDateMM</i> <i>G15ProcDateYYYY</i> <input type="text"/> / <input type="text"/> / <input type="text"/> <i>G15ProcDateDD</i></p>	<p><i>G15ProcTime</i> <input type="text"/></p>	
16	<p><i>G16Procedure</i> Oxygen administration method within 24 hrs after Tx of study unit</p>	<p>1 Nasal Cannula <input type="checkbox"/> <i>GNasalAftTx</i> 2 Face <input type="checkbox"/> <i>GFaceAftTx</i> 3 CPAP <input type="checkbox"/> <i>GCPAPAftTx</i> 4 Intubation <input type="checkbox"/> <i>GIntubAftTx</i> 9 Other <input type="checkbox"/> <i>GOtherAftTx</i></p>	<p><i>G16ProcDateMM</i> <i>G16ProcDateYYYY</i> <input type="text"/> / <input type="text"/> / <input type="text"/> <i>G16ProcDateDD</i></p>	<p><i>G16ProcTime</i> <input type="text"/></p>	



SECTION H: PRE-TRANSFUSION EVENTS

NO.	ITEM	YES	NO	NR	START DATE (If applicable)	RESOLVE DATE (If applicable)	NOTES
1	Pre-transfusion fever within 24 hrs before Tx (temp above 100.4F or 38C) H1YNNR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H1StartMM/DD/YYYY H1StartDD	H1ResolveMM/DD/YYYY H1ResolveDD	
2	Pre-transfusion chills without fever within 24 hrs before Tx H2YNNR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H2StartMM/DD/YYYY H2StartDD	H2ResolveMM/DD/YYYY H2ResolveDD	
3	Pre-transfusion bacterial sepsis within 24 hrs before Tx H3YNNR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H3StartMM/DD/YYYY H3StartDD	H3ResolveMM/DD/YYYY H3ResolveDD	Note 17
4	Pre-transfusion shortness of breath/dyspnea within 24 hrs before study unit Tx H4YNNR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H4StartMM/DD/YYYY H4StartDD	H4ResolveMM/DD/YYYY H4ResolveDD	
5	Pre-transfusion hypotension (systolic BP <90 mmHg) within 24 hrs before study unit Tx H5YNNR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H5StartMM/DD/YYYY H5StartDD	H5ResolveMM/DD/YYYY H5ResolveDD	
6	Pre-transfusion hypertension (systolic BP >140 mmHg) within 24 hrs before study unit Tx H6YNNR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H6StartMM/DD/YYYY H6StartDD	H6ResolveMM/DD/YYYY H6ResolveDD	
7	Pre-transfusion shock within 24 hrs before study unit Tx H7YNNR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H7StartMM/DD/YYYY H7StartDD	H7ResolveMM/DD/YYYY H7ResolveDD	Note 18
8	Pre-transfusion O ₂ sat <90% on pulse oxymetry (SpO ₂) with or without O ₂ administration within 6 hrs before Tx H8YNNR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9	Ratio of SpO ₂ / FiO ₂ <315 within 6 hrs prior to Tx H9YNNR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Note 19
10	Pre-transfusion arterial blood gases within 6 hrs prior to Tx showing pO ₂ / FiO ₂ <300 mm Hg H10YNNR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Note 20
11	Pre-transfusion lung auscultation reveals rales(crackles) within 24 hrs before study unit Tx H11YNNR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12	Pre-transfusion lung auscultation reveals rhonchi within 24 hrs before study unit Tx H12YNNR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13	Pre-transfusion elevated jugular venous pressure within 24 hrs before study unit Tx H13YNNR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14	Pre-transfusion hepatojugular reflux detected within 24 hrs before study unit Tx H14YNNR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15	Pre-transfusion cyanosis H15YNNR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16	Pre-transfusion central venous catheter measured elevated central venous pressure (>8 mm Hg) within 6 hrs before Tx H16YNNR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17	Pre-transfusion central catheter measured elevated pulmonary artery wedge pressure (>20 mm Hg) within 6 hrs before Tx H17YNNR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18	Pre-transfusion peripheral pitting edema detected within 24 hrs before study unit Tx H18YNNR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19	Pre-transfusion diagnosis with ARDS within 24 hrs before study unit Tx H19YNNR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			From MR or chest X-ray report
20	Pre-transfusion, patient required ICU admission within 23 hrs before study unit Tx H20YNNR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21	Pre-transfusion, required vasopressors to support blood pressure within 24 hrs before study unit Tx (e.g., dopamine, norepinephrine, epinephrine) H21YNNR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

**SECTION I: VITAL SIGNS AFTER TRANSFUSION REACTION**

Record 3 vital signs that were 6 - 8 hours apart. Leave blank if no transfusion reaction is noted in the medical record or reported to the blood bank.

VITAL SIGNS AFTER TRANSFUSION REACTION: (Note 21)											
NO.	DATE (mm/dd/yyyy)				TIME (military)		BP (mmHg)		PULSE/ MIN	RESP/ MIN	TEMP (degree F)
1.	IDatePostTxMM1		/	IDatePostTxDD1		/	IDatePostTxYY1				
2.	IDatePostTxMM2		/	IDatePostTxDD2		/	IDatePostTxYY2				
3.			/			/					

SECTION J: POST TRANSFUSION EVENTS

NO.	ITEM	YES	NO	NR	NOTES
J1YN NR	1 Post-transfusion fever (temp above 100.4F or 38C) within 6 hrs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉	
	2 Post-transfusion chills within 6 hrs without fever J2YNNR	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉	
	3 Acute hemolytic transfusion reactions within 24 hrs J3YNNR	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉	
	4 Delayed hemolytic transfusion reaction within 7 days J4YNNR	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉	
	5 Minor allergic (skin rash) within 6 hrs J5YNNR	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉	
	6 Severe allergic (anaphylactic) within 6 hrs J6YNNR	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉	
	7 Post-transfusion bacterial sepsis within 24 hrs J7YNNR	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉	
	8 Cardiac/fluid overload or congestive heart failure within 6 hrs J8YNNR	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉	
	9 Post-transfusion shortness of breath/dyspnea within 6 hrs J9YNNR	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉	
J10Y NNR	10 Post-transfusion hypotension (systolic BP <90 mmHg) within 6 hrs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉	
J11Y NNR	11 Post-transfusion hypertension (systolic BP >140 mmHg) within 6 hrs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉	
	12 Post-transfusion shock J12YNNR	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉	
	13 Post-transfusion O ₂ sat <90% on pulse oxymetry (SpO ₂) with or without O ₂ administration within 6 hrs J13YNNR	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉	
	14 Post transfusion ratio of SpO ₂ / FiO ₂ <315 within 6 hrs J14YNNR	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉	
	15 Post-transfusion arterial blood gases within 6 hours after completion of transfusion showing pO ₂ / FiO ₂ <300 mm Hg J15YNNR	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉	
	16 Post-transfusion lung auscultation reveals rales(crackles) within 24 hrs J16YNNR	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉	
J17Y NNR	17 Post-transfusion lung auscultation reveals rhonchi within 24 hrs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉	
J18Y NNR	18 Post-transfusion elevated jugular venous pressure within 6 hrs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉	
	19 Post-transfusion hepatojugular reflu detected within 6 hrs J19YNNR	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉	



NO.	ITEM	YES	NO	NR	NOTES	
20	Post-transfusion cyanosis within 6 hrs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉		J20YNNR
21	Post-transfusion central venous catheter measured elevated central venous pressure (>8 mm Hg) within 6 hrs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉		J21YNNR
22	Post-transfusion central catheter measured elevated pulmonary artery wedge pressure (>20 mm Hg) within 6 hrs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉		J22YNNR
23	Post-transfusion peripheral pitting edema detected within 24 hrs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉		J23YNNR
24	Post-transfusion, was there a loss of 4.5 kg weight in 72 hours after diuretic treatment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉	Note 22	J24YNNR
25	Clinically suspect TRALI within 6 hrs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉		J25YNNR
26	Post-transfusion, diagnosis of ARDS within 24 hrs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉		J26YNNR
27	Post-transfusion, patient required ICU admission within 24 hrs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉	Note 23	J27YNNR
28	Post-transfusion, required vasopressors to support blood pressure within 24 hrs (e.g., dopamine, norepinephrine, epinephrine)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉		J28YNNR
29	Rapid resolution of lung infiltrates on chest X-ray after diuresis or dialysis within 6 hrs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉		J29YNNR

SECTION K: OTHER BLOOD COMPONENTS AND FLUID ADMINISTRATION

NO.	COMPONENT/FLUID	PRE-Tx AMOUNT (24 hour before Tx of the study unit started) Record if applicable	POST-Tx AMOUNT (24 hour after Tx of the study unit finished) Record if applicable
1	RED BLOOD CELLS (No. of Units)	K1Pre TxAmt <input type="text"/> <input type="text"/> <input type="text"/>	K1Post TxAmt <input type="text"/> <input type="text"/> <input type="text"/>
2	PLATELETS, WHOLE BLOOD (No. of units)	K2Pre TxAmt <input type="text"/> <input type="text"/> <input type="text"/>	K2Post TxAmt <input type="text"/> <input type="text"/> <input type="text"/>
3	PLATELETS, APHERESIS (No. of Units)	K3Pre TxAmt <input type="text"/> <input type="text"/>	K3Post TxAmt <input type="text"/> <input type="text"/>
4	PLASMA (No. of Units)	K4Pre TxAmt <input type="text"/> <input type="text"/>	K4Post TxAmt <input type="text"/> <input type="text"/>
5	CYSTALLOIDS - Normal saline, Half normal saline, D5W, D5/Half Normal saline, Lactated Ringer's solution (mL)	K5PreTxAmt <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	K5PostTxAmt <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6	COLLOIDS - albumin, plasma protein fraction or PPF (ML)	K6Pre TxAmt <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K6Post TxAmt
7	Urine output (mL)	K7Pre TxAmt <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K7Post TxAmt
8	Gastric tube output (mL)	K8Pre TxAmt <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K8Post TxAmt
9	Surgical drain output (mL)	K9Pre TxAmt <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K9Post TxAmt
10	Fluid balance - Excess fluid (mL)	K10Pre TxAmt <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K10Post TxAmt



12986

SECTION L: ELECTROCARDIOGRAM FINDINGS

PRE-TRANSFUSION EKG REPORT #1 (Please write complete reports in box below for all EKGs that were done within 24 hours prior to study unit transfusion. Please write date/time for each report.)

PRE-TRANSFUSION EKG REPORT #2 (Please write complete reports in box below for all EKGs that were done within 24 hours prior to study unit transfusion. Please write date/time for each report.)



12986

PRE-TRANSFUSION EKG REPORT #3 (Please write complete reports in box below for all EKGs that were done within 24 hours prior to study unit transfusion. Please write date/time for each report.)

PRE-TRANSFUSION EKG REPORT #4 (Please write complete reports in box below for all EKGs that were done within 24 hours prior to study unit transfusion. Please write date/time for each report.)



12986

PRE-TRANSFUSION EKG REPORT #5 (Please write complete reports in box below for all EKGs that were done within 24 hours prior to study unit transfusion. Please write date/time for each report.)

POST-TRANSFUSION EKG REPORT #1 (Please write complete reports in box below for all EKGs that were done within 24 hours after to study unit transfusion. Please write date/time for each report.)



12986

POST-TRANSFUSION EKG REPORT #2 (Please write complete reports in box below for all EKGs that were done within 24 hours after to study unit transfusion. Please write date/time for each report.)

POST-TRANSFUSION EKG REPORT #3 (Please write complete reports in box below for all EKGs that were done within 24 hours after to study unit transfusion. Please write date/time for each report.)



12986

POST-TRANSFUSION EKG REPORT #4 (Please write complete reports in box below for all EKGs that were done within 24 hours after to study unit transfusion. Please write date/time for each report.)

POST-TRANSFUSION EKG REPORT #5 (Please write complete reports in box below for all EKGs that were done within 24 hours after to study unit transfusion. Please write date/time for each report.)



12986

SECTION M: ECHOCARDIOGRAM FINDINGS (M-MODE & 2-D)

PRE-TRANSFUSION ECHO REPORT #1 (Please write complete reports in box below for all ECHOs that were done within 24 hours prior to study unit transfusion. Please write date/time for each report.)

PRE-TRANSFUSION ECHO REPORT #2 (Please write complete reports in box below for all ECHOs that were done within 24 hours prior to study unit transfusion. Please write date/time for each report.)



12986

PRE-TRANSFUSION ECHO REPORT #3 (Please write complete reports in box below for all ECHOs that were done within 24 hours prior to study unit transfusion. Please write date/time for each report.)

PRE-TRANSFUSION ECHO REPORT #4 (Please write complete reports in box below for all ECHOs that were done within 24 hours prior to study unit transfusion. Please write date/time for each report.)



12986

PRE-TRANSFUSION ECHO REPORT #5 (Please write complete reports in box below for all ECHOs that were done within 24 hours prior to study unit transfusion. Please write date/time for each report.)

POST-TRANSFUSION ECHO REPORT #1 (Please write complete reports in box below for all ECHOs that were done within 24 hours after to study unit transfusion. Please write date/time for each report.)



12986

POST-TRANSFUSION ECHO REPORT #2 (Please write complete reports in box below for all ECHOs that were done within 24 hours after to study unit transfusion. Please write date/time for each report.)

POST-TRANSFUSION ECHO REPORT #3 (Please write complete reports in box below for all ECHOs that were done within 24 hours after to study unit transfusion. Please write date/time for each report.)



12986

POST-TRANSFUSION ECHO REPORT #4 (Please write complete reports in box below for all ECHOs that were done within 24 hours after to study unit transfusion. Please write date/time for each report.)

POST-TRANSFUSION ECHO REPORT #5 (Please write complete reports in box below for all ECHOs that were done within 24 hours after to study unit transfusion. Please write date/time for each report.)



12986

SECTION N: LABORATORY FORM

COMPLETE BLOOD COUNT

NO.	PARAMETER	PRE-Tx (Most recent within 24 hrs. Record if applicable)			POST-Tx (Most recent within 24 hrs. Record if applicable)						
		DATE (mm/dd/yyyy)	TIME (military)	VALUE	DATE (mm/dd/yyyy)	TIME (military)	VALUE				
		NHgbPreTxMM / NHgbPreTxDD / NHgbPreTxYY / NHgbPreTxYY / NHgbPreTxTime	NHgbPreTxVal	NHgbPostTxMM / NHgbPostTxDD / NHgbPostTxYY / NHgbPostTxYY / NHgbPostTxTime	NHgbPostTxVal						
1	Hemoglobin gm/dL										
2	Hematocrit (%)										
3	Total WBC x 10 ³ /u L										
4	Monocytes (%)										
5	Neutrophil (%)										
6	Lymphocyte (%)										
7	Platelet count x 10 ³ /uL										

OTHER LAB RESULTS

NO.	PARAMETER	PRE-Tx (Most recent within 24 hrs.. Record if applicable)			POST-Tx (Most recent within 24 hrs. Record if applicable)						
		DATE (mm/dd/yyyy)	TIME (military)	VALUE	DATE (mm/dd/yyyy)	TIME (military)	VALUE				
		NBunPreTxMM / NBunPreTxDD / NBunPreTxYY / NBunPreTxYY / NBunPreTxTime	NBunPreTxValue	NBunPostTxMM / NBunPostTxDD / NBunPostTxYY / NBunPostTxYY / NBunPostTxTime	NBunPostTxValue						
1	BUN (mg/dL)										
2	Creatinine (mg/dL)										
3	CK (IU/L)										
4	CK-MB (IU/L)										
5	Troponin I (IU/L)										
6	K (mEq/L)										
7	Na (mEq/L)										
8	B-type natriuretic peptide (pg/mL)										
9	Fibrinogen level (mg/dL)										
10	Fibrinogen degradation products (FDP in ug/mL)										
11	Fibrin d-dimers (ng/mL)										
12	Total Bilirubin (mg/dL)										
13	Serum Lactate (mmol/L)										

**SECTION O: ARTERIAL BLOOD GASES**

	DATE (mm/dd/yyyy)			TIME (military)	FI _O ₂		PaO ₂	PaCO ₂	pH
	<small>OPreTxMM</small>	<small>OPreTxDD</small>	<small>OPreTxYYYY</small>	<small>OPreTxTime</small>	<small>OPreTxFiO2Liter</small> L/min	<small>OPreTxFiO2Fract</small> fraction of 1			
PRE-Tx (Most recent within 6 hrs)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
POST-Tx Closest to time of reaction (Not more than 11 hrs and 59 min after completion of Tx)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
POST-Tx (Earliest between 12 hrs and 23 hrs & 59 min after completion of Tx)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
POST-Tx (Earliest between 24 hrs and 35 hrs & 59 min after completion of Tx)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION P: TRIAGE MD REVIEW

DIAGNOSIS OF MODERATE TO SEVERE TACO (only if clear evidence present)	YES <input type="checkbox"/> 1	NO <input type="checkbox"/> 2	<small>PDiagTaco</small>
EXPERT REVIEW REQUIRED	YES <input type="checkbox"/> 1	NO <input type="checkbox"/> 2	<small>PExpertReview</small>
DIGITAL CXR IMAGES AVAILABLE?	YES <input type="checkbox"/> 1	NO <input type="checkbox"/> 2	<small>PCXRAvailable</small>

**** END ****

NOTES

Note 1: All post-transfusion vital signs may not have been recorded. Complete those that are in the medical record.

Note 2: Describe the type of reaction. Following are the possible types of reactions: Febrile non-hemolytic transfusion reaction, allergic skin reaction, acute hemolytic transfusion reaction, delayed hemolytic transfusion reaction, bacterial sepsis, anaphylaxis, cardiac overload, hypotension, shock, transfusion-associated dyspnea (TAD), tachycardia, tachypnea (respiratory rate > 22/minute, chills, fever, shortness of breath, circulatory overload, back pain, sweating, nausea, vomiting, hyperbilirubinemia, etc.

Note 3: The types of CNS injuries include subarachnoid hemorrhage, subdural hematoma, closed head injury and stroke. Include only if the injury occurred within seven days prior to the study unit transfusion.

Note 4: If noted in medical records, or if < 500 mL urine output in 24 hours or new elevated creatinine of > 1.5 mg/dL.

Note 5: Select "YES" if aspiration event was witnessed and documented in the medical record. Select "NO" if aspiration was suspected but not witnessed.

Note 6: Greater than 3 drinks on 5 or more days a week for males; greater than 2 drinks on 5 or more days a week for females or if documented in medical record.



Note 7: Chronic creatinine >1.5 mg/dL.

Note 8: Select "YES" if medical record indicates history of CHF or CHF present before transfusion during current admission. Select "YES" if echocardiogram shows ejection fraction less than 40% or shows diastolic dysfunction or if there is cardiomegaly on chest x-ray.

Note 9: Diabetes can be either type-I (insulin-dependent) or type-II (non-insulin-dependent).

Note 10: Select "YES" if MD note indicates presence of DIC or if platelet count <100,000/uL + fibrin degradation products or if platelet count <100,000/uL + fibrinogen concentration <100 mg/dL.

Note 11: Select "YES" if patient has lung infiltrate/s on chest x-ray within 8 hours of admission to the emergency room and has evidence of blunt trauma to the chest noted in medical record or has rib fracture/s or was involved in motor vehicle accident.

Note 12: Select "YES" if within 7 days before transfusion.

Note 13: If medical record indicates any one or more of the following: biopsy proven cirrhosis, portal hypertension, or past episodes of upper GI bleeding attributed to portal hypertension, prior episodes of liver failure/encephalopathy/coma.

Note 14: If patient received any RBC transfusion for drop in hemoglobin or hematocrit, select "YES".

Note 15: Extubation date/time should be recorded when the extubation is performed and note that this time may occur beyond the 24-48 hours after the transfusion. If intubation was performed and extubation did not take place (e.g. patient was discharged to a chronic ventilatory care facility while intubated), record "NO". If no record exists to determine the date/time of intubation, record "NR".

Note 16: Calculate the excess fluids administered by fluids given (oral or intravenous) minus fluid losses (urine, gastric suction, thoracic or abdominal drainage) in 24 hours prior to the transfusion. Write down the amount of excess fluid in mL.

Note 17: Pre-transfusion bacterial sepsis: If MD or nursing note indicates possibility of sepsis or a diagnosis of sepsis; other manifestations include a focus of infection (e.g. pneumonia, cellulitis, skin ulcer, wound infection); manifestations of inflammation (e.g. fever, tachycardia, tachypnea), and shock (BP less than 90 mmHg systolic; sweating, cold clammy skin). Laboratory test may also show positive blood culture.

Note 18: Pre-transfusion shock: MD or nursing note indicating presence of shock. Manifestations include low systolic BP (<90 mmHg), tachycardia, cold clammy skin, distal extremity cyanosis, low urine output, mental confusion or somnolence.

Note 19: Calculate ratio by dividing the percent saturation of oxygen on pulse oxy (SO_2) by FiO_2 (calculate FiO_2 as follows: room air = 0.21; one liter oxygen = 0.23; 2 liters = 0.25; 3 liters = 0.27; 4 liters = 0.3; 5 liters = 0.35; 6 & 7 liters = 0.4; and 8-10 liters = 0.49. Example: If oxygen saturation is 90% on 4 liters of oxygen by face mask, then the ratio is $90/0.3 = 300$.

Note 20: PF ratio. Calculate by dividing the pO_2 (on arterial blood gases) by FiO_2 (flow rate of oxygen in decimal of 1.0, e.g., 40% $FiO_2 = 0.4$). Example: Someone with pO_2 of 120 receiving 40% oxygen, the PF ratio is $120/0.4 = 300$.

Note 21: The definition of when the reaction occurred is the earliest time at which one or more of the following events were noted: $pO_2 / FiO_2 < 300$; $SO_2 / FiO_2 < 315$, and pulmonary edema on chest x-ray.

Note 22: Information needed requires reviewing medical records for a longer time interval.

Note 23: If patient already in ICU before transfusion, record "NR".