LEUKOCYTE ANTIBODIES PREVALENCE STUDY – PHASE II

SCREENING FORM COVER PAGE

STUDY ID LABEL

PATIENT NAME: (Last, First, MI)	
BIRTHDATE:	[MM/DD/YY]
MED REC #:	

[KEEP COVER PAGE AT THE HOSPITAL]

LEUKOCYTE ANTIBODIES PREVALENCE STUDY – PHASE II

SCREENING FORM

STUDY ID LABEL [StudyID]

SECTION A: Hospital Tx SERVICE FORM [completed by hospital Tx service staff]

DATE:	[SMS_CompDate_secA]	**COMPLETED BY:**						
HOSPITAL:	[Recip_SMS_Hospital]							
BUI#:	[Donor_SMS_BUI]	**TYPE OF COMP:**	[SMS_TypeOfComp]	**Tx UNIT #:**	[Donor_SMS_TxUnitNo]			
DATE OF ISSUE:	[Donor_SMS_IssueDate]	**TIME OF ISSUE:** (Military Time)	[Donor_SMS_IssueTime]					
SERVICE ISSUED TO (Record if information is available. See Note 1)**:** (Med, Surg, Ob/Gyn, Heme/Onc, OutPt, OR, ICU, Recovery, etc.)	[Donor_SMS_SrvIssuedTo]							
PATIENT GENDER:	**MALE** ☐ **FEMALE** ☐ [Recip_SMS_Gender]							
PATIENT AB0/RH: (Check one) [Recip_SMS_ABORH]	**O+** ☐	**O-** ☐	**A+** ☐	**A-** ☐	**B+** ☐	**B-** ☐	**AB+** ☐	**AB-** ☐
Tx REACTION:	**YES** ☐ **NO** ☐	[Recip_SMS_TxReact]						
TYPE OF REACTION (Describe)**:**								

SECTION B: HOSPITAL FORM [completed by Med Tech/ Coordinator]

DATE:	[SMS_CompDate_secB]	**ABSTRACTED BY:**	
SOURCE OF INFORMATION:			
ELECTRONIC RADIOLOGY REPORTS DATABASE [SMS_Infosource_ERR]	☐		
ELECTRONIC MEDICAL RECORDS INCLUDING RADIOLOGY REPORTS[SMS_Infosource_EMR]	☐		
PAPER MEDICAL RECORDS [SMS_Infosource_PMR]	☐		
OTHER (SPECIFY)	[SMS_Infosource_OTH] [SMS_Infosource_OSpecify]		

		DATE	**TIME** (Military Time. See Note 2.)
PRE Tx CHEST X-RAY (Within 24 hrs before issue of product. If yes, record date & time of up to 3 X-rays) [Recip_SMS_AnyPreTxXray]	**YES** ☐ **NO** ☐ [Recip_SMS_PreTxXray_YN1] [Recip_SMS_PreTxXray_YN2] [Recip_SMS_PreTxXray_YN3]	[Recip_SMS_PreTxXrayDate1]	[Recip_SMS_PreTxXrayTime1]
		[Recip_SMS_PreTxXrayDate2]	[Recip_SMS_PreTxXrayTime2]
		[Recip_SMS_PreTxXrayDate3]	[Recip_SMS_PreTxXrayTime3]
POST Tx CHEST X-RAY (Within 24 hrs after issue of product. If yes, record date & time of up to 3 X-rays) [Recip_SMS_AnyPostTxXray]	**YES** ☐ **NO** ☐ [Recip_SMS_PostTxXray_YN1] [Recip_SMS_PostTxXray_YN2] [Recip_SMS_PostTxXray_YN3]	[Recip_SMS_PostTxXrayDate1]	[Recip_SMS_PostTxXrayTime1]
		[Recip_SMS_PostTxXrayDate2]	[Recip_SMS_PostTxXrayTime2]
		[Recip_SMS_PostTxXrayDate3]	[Recip_SMS_PostTxXrayTime3]

DISCHARGE DIAGNOSIS (Only if ICD9 codes are electronically available)**:** List up to 10 ICD-codes	**ICD CODE**
[Recip_SMS_ICDCode1] 1.	
[Recip_SMS_ICDCode2] 2.	
[Recip_SMS_ICDCode3] 3.	
[Recip_SMS_ICDCode4] 4.	
[Recip_SMS_ICDCode5] 5.	
[Recip_SMS_ICDCode6] 6.	
[Recip_SMS_ICDCode7] 7.	
[Recip_SMS_ICDCode8] 8.	
[Recip_SMS_ICDCode9] 9.	
[Recip_SMS_ICDCode10] 10.	

If NO post transfusion chest X-ray within 24 hrs of issue of blood product then end now

PRE TRANSFUSION CHEST X-RAY REPORT: (Please write complete report. If more than one, include all reports.)

POST TRANSFUSION CHEST X-RAY REPORT: (Please write complete report. If more than one, include all reports)

SECTION C: PI REVIEW FORM [completed by PI or designee nurse/MD]

DATE OF REVIEW:	[SMS_ReviewDate]	**REVIEWED BY:**	

BILATERAL LUNG INFILTRATES [Recip_SMS_LngInfiltrate]	**PULMONARY EDEMA** [Recip_SMS_PulEdema]	**ARDS** [Recip_SMS_ARDS]
YES ☐ **NO** ☐ **DK** ☐	**YES** ☐ **NO** ☐ **DK** ☐	**YES** ☐ **NO** ☐ **DK** ☐

WORSENING PULMONARY EDEMA [Recip_SMS_WorseEd]	**NEW PULMONARY EDEMA** [Recip_SMS_NewEd]
YES ☐ **NO** ☐ **DK** ☐	**YES** ☐ **NO** ☐ **DK** ☐

PI RECOMMENDATION: Proceed with extended chart review? [Recip_SMS_Recommend]	**YES** ☐ **NO** ☐

COMMENTS:

[SMS_Comments]

If NO extended chart review required then end now
ENTER FORM DATA IN SMS. DO NOT ENTER DATA SHADED IN YELLOW.

NOTES:

1. Service to which the product was issued from the blood bank may not always be available. For those products issued to the operating room (OR) or the recovery room, note that the issue time may differ significantly from the transfusion time since these locations may have temporary storage facility.

2. Record the date and time which is nearest to the time of study unit transfusion if there is more than one chest X-ray taken within 24 hrs prior and 24 hrs after the study unit transfusion.