**Record of Initial Medical Discussion of Possible Transfusion Reaction**

**Name of Haematologist**

**Name of Patient****DOB**

**CHI Number**

**Location/Hospital****Patient’s consultant**

**Date/Time of Suspected Reaction**

**Date/Time of Discussion with medic**

**Name/Grade of Ward Person discussing reaction**

**Implicated product RBC****[ ]  Platelets****[ ]  FFP****[ ]  Cryo****[ ]**

**Description of events**

**Likely diagnosis**

Definite [ ]  Probable[ ]  Possible[ ]  Unlikely Reaction [ ]  **- (Please tick)**

**Advice Given to Ward Staff**

Return unit to blood bank [ ]

(with giving set + reaction form)

Return additional unused units [ ]

Complete traceability tags [ ]

Monitor patient [ ]

Document episode in notes [ ]

FBC [ ]  U+Es LFTs LDH Hapto [ ]

XM/DAGT [ ]

Serum for bloodbank investigation [ ]

Coag [ ]  Blood cultures [ ]  Urinalysis [ ]  Haemoglobinuria [ ]

Anti HLA Ab [ ]

Anti HPA Ab [ ]

IgA concentration [ ]

Anti IgA concentration [ ]

Mast cell tryptase [ ]

**Name of Transfusion BMS discussed with**

**Discussed with Haem consultant Yes** **[ ]  Dr …………….. No** **[ ]  (please tick)**

Please send/ fax/email (preferred option) this form to the local Transfusion Practitioner

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