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Vitalant Use Only
Date Received:
Case ID:

Report of Suspected Transfusion Associated Infection (TAI)

INSTRUCTIONS

Clinically significant infections or infectious diseases in recipients of blood products that could have resulted from transfusion and for which another, more likely cause is not apparent, are reported using this form as well as any supporting documentation.

Submit a complete report to TransfusionReactions@vitalant.org or via fax to 480-795-7613. For timely investigation, include copies of any of the following:

- Internal hospital workup form
- Any notes related to the reaction
- Admission and discharge information

For questions or to consult with a Vitalant Medical Director, use the email above or call (800) 811-2581.

Reactions resulting in a fatality must also be reported to the FDA as soon as possible after confirming a complication from blood collection or transfusion. Reference https://www.fda.gov/vaccines-blood-biologics/report-problem-center-biologics-evaluation-research/transfusiondonation-fatalities for additional information.

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I. Reporting Facility

Facility Name: _____

Address: _____

Report Date: _____ Completed by: _____ (Name)

Attending Physician: _____ (Name) _____ (Phone) _____ (Email)

Blood Bank Contact: _____ (Name) _____ (Phone) _____ (Email)

II. Recipient Information

Name: _____ Sex: _____ Date of Birth: _____

Medical Record Number: _____

Diagnosis at Time of Transfusion: _____

Patient Status: ☐ Living ☐ Deceased, unrelated to transfusion ☐ Deceased, possibly transfusion related

III. Clinical History

Suspected TAI: ☐ Hepatitis A ☐ Hepatitis B ☐ Hepatitis C ☐ Hepatitis, other ☐ HIV
☐ HTLV ☐ Babesiosis ☐ Chagas ☐ Malaria ☐ West Nile Virus
☐ Other (specify): _____

Date of Diagnosis: _____ Health Department Notified? ☐ Y ☐ N ☐ N/A

DOH Contact: _____

First Indication of Infection:

☐ Clinical Disease ☐ Severe ☐ Mild
☐ Positive Infectious Disease Testing (Why tested?): _____
☐ Other abnormal results (Specify): _____
☐ Other (Detail): _____

Provide copies of all pre/post transfusion test results relevant to the infection.
Include confirmatory testing, when performed.

Risk Factors: Indicate risk factors present prior to first evidence of infection

☐ No known risk factors ☐ Unable to assess risk factors

☐ Sexual behavior – (payment for sex, partner with risk factors, sexual assault/rape victim)
☐ Drug use not prescribed by a physician
☐ Lived with individual with hepatitis
☐ Received transplant/tissue graft (organ, tissue, bone marrow, bone, skin)
☐ Accidental needle stick or contact with another's blood
☐ Tattoo (State): _____ Regulated Facility? _____
☐ Piercing with unsterile needles
☐ Jail, prison, juvenile detention, lock up >72 hours
☐ Residence in halfway house or group home
☐ Dialysis
☐ Pooled nonrecombinant factor concentrates for bleeding disorder
☐ Transfusions prior to 1990 (date): _____
☐ Travel to risk area for infection (area): _____
☐ Residence in risk area for infection (area): _____
☐ Mother resided in risk area during prenatal period
☐ Other known risk factors: _____

Other Significant Clinical Details (describe): _____

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IV. Transfusion History

Donation Number	Component Type (e.g., RBC, FFP, PLT)	Date Transfused

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Patient received products from other blood suppliers? ☐ Yes ☐ No

Likelihood that this infection was transfusion-acquired based on initial clinical impression

☐ Highly probable ☐ Likely ☐ Possible ☐ Cannot rule out ☐ Unlikely

Transfusion Service Medical Director: _____ (Print) _____ (Signature) _____ (Date)

V. Vitalant Evaluation

☐ Case Accepted ☐ Case Rejected

Vitalant Medical Director _____ (Name) _____ (Date)

Notes: _____