

12/19/2011

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St. Rita's Medical Center
Lima, OH
New Vision Laboratory

**INVESTIGATION OF POSSIBLE
TRANSFUSION REACTION**

4248769

Patient's Name _____ Room # _____

Medical Record # _____ Account # _____ Date _____ Time _____

Examination of Clerical Work: Correct _____
Incorrect _____

Examination for visible hemolysis / icterus: Pre-transfusion Serum _____

Post-transfusion Serum _____

Post-transfusion Urine _____

Direct Coombs Test: Pre-transfusion _____

Post-transfusion _____

ABORH: Post-transfusion _____

Donor Unit Numbers _____ Time Issued _____

Pathologist Notified _____ Time / Date _____

Interpretation: All hemolytic reactions, bacterial contamination, TRALI and / or GVHD must be referred to Medical Staff Functions committee for review.

Pathologist: _____

Technologist: _____



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01/24/06

TAB - LABORATORY

12/19/2011

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New Vision Medical Laboratory
SRMC Site
Lima, Ohio

**Extended Investigation of
Possible Transfusion Reaction**
#4252902

Patient's Name: _____

Date of Transfusion: _____

Medical Record Number: _____

Donor Unit Number: _____

Repeat ABO and Rh:

	Anti-A	Anti-B	Anti-D	a 1 cells	b cells
Pre-sample					
Post-sample					
Donor seg					

Repeat Indirect Coombs:

Screen Cells	GEL			Enhancement								
	AHG			37			AHG			CC		
	I	II	III	I	II	III	I	II	III	I	II	III
Pre-sample												
Post-sample												
Donor Seg												

Repeat Full Crossmatch Utilizing Donor Segment:

	GEL		Enhancement			
	AHG		IS	37	AHG	CC
Pre-sample						
Post-sample						

Comments: _____

Other Tests:

- _____ Post Reaction Urine for Hemoglobin _____
- _____ Bilirubin (4-6 hours post transfusion) _____
- _____ Gram Stain, Culture _____
- _____ Other: _____

Interpretation: _____

Pathologist: _____

Date: _____ Time: _____

Techologist: _____

Date: _____ Time: _____



10/07/11

TAB - LABORATORY