



CENTRAL OFFICE USE ONLY

Case No.

Report of Transfusion Associated Infection

Guideline for case reporting: Report all 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.

Instructions: Please complete and mail to: Blood Systems, Medical Affairs, 6210 East Oak Street, Scottsdale, AZ 85257 or fax (480) 675-5766. If you have any questions please call (800) 811-2581. BCP Hospitals: Fax to BCP Hospital Services (415) 931-5168.

I. Reported By:

Name _____ Title _____

Telephone Number _____ Fax Number _____

Reporting Facility _____

Address _____

Signature _____ Date _____

II. Recipient Information: *(It is important to provide all requested information)*

Name _____ Sex _____ Date of Birth _____

Address _____

Diagnosis at time of transfusion _____

Type of TAI HIV Hepatitis B Hepatitis C HTLV Other _____

Other known risk factors _____

Date of diagnosis of TAI _____

Clinical History _____

Pertinent lab results including confirmatory tests when performed (Please include dates) _____

Transfusion History _____

Unit #	Date Transfused	Component Type*

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*Component type (e.g., RBC, FFP, PLT). Attach other pages if necessary.

III. BSI Evaluation

Case accepted Case rejected EC/Date _____

Notes