

**Report of Suspected  
Transfusion Transmitted Infection (TTI)  
&  
Transfusion Related Acute Lung Injury (TRALI)**

Risk Management Ph#: 713-791-6345  
Fax Completed Form to the Risk Management Department to: (713)791-1615

Report Date: <i>6/1/08</i>		Facility Name: <i>Metropolitan Hospital</i>	
Address: <i>1111 Main Street</i>			
City: <i>Houston</i>		State: <i>TX</i>	Zip: <i>77059</i>
Contact Person: <i>M Plett</i>		Phone: <i>111-111-1111</i>	
<b>Section A</b>			
Indicate Report Type:	<input type="checkbox"/> Suspected Transfusion Transmitted Infection (TTI)	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> HCV <input type="checkbox"/> HBV <input type="checkbox"/> HIV
	<input checked="" type="checkbox"/> Transfusion Related Acute Lung Injury (TRALI)	<input type="checkbox"/> Malaria	<input type="checkbox"/> Other (specify):
<b>Section B</b>			
Patient's Name: <i>Jane Doe</i>			
Patient's Medical Record #: <i>1234567</i>			
Patient's Diagnosis at Time of Transfusion: <i>sickle cell anemia</i>			
Results of applicable tests performed that support the suspected TTI (if applicable):			
<b>Section C</b>			
<input type="checkbox"/> N/A – Check this box for section C if reporting a suspected TTI			
Check the appropriate boxes that supports the suspected TRALI reaction:			
<input checked="" type="checkbox"/> Hypoxemia	<input checked="" type="checkbox"/> Dyspnea	<input checked="" type="checkbox"/> Bilateral lung infiltrates	
<input checked="" type="checkbox"/> Acute onset (≤ 6 hrs.)	<input checked="" type="checkbox"/> Fever	<input checked="" type="checkbox"/> Absence of left atrial HTN	
Provide additional information that supports the suspected TRALI reaction:			
<i>The transfusing facility may wish to retain a pre-transfusion patient sample for HLA antigen/antibody testing, if needed.</i>			
<b>Section D</b>			
Reporting Physician's Name	<i>John Doctor</i>	Phone #:	<i>111-111-1100</i>
Address: <i>1111 Main</i>			
City: <i>Houston</i>		State: <i>TX</i>	Zip: <i>77059</i>
Form Completed By: <i>M Plett</i>		Date: <i>6/1/08</i>	

