



Vitalant Montvale 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: Vitalant, Medical Affairs, 102 Chestnut Ridge Road, Montvale, NJ 07645 or fax 201) 476-5634 or E-mail TransfusionAdverseEvent@cbsblood.org. If you have any questions please call (201) 389-0439 (Dr. Muniz) or (201)389-0444 (Barbara Molnar).

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*	UNIT #	DATE TRANSFUSED	COMPONENT TYPE*

*COMPONENT TYPE (E.G., RBC,FFP,PLT). ATTACH OTHER PAGES IN NECESSARY.

III. Vitalant Evaluation:

Case accepted Case rejected

Evaluation Complete Date _____
Medical Director Signature _____

Notes

