STOP II TRIAL

TRANSFUSION FORM

*** AFFIX PATIENT LABEL HERE ***

A1. Person completing form (Name): _____ (Initials): | | | |

A2. Date of transfusion (Month/Day/Year): ___ ___/___ ___/___ ___ ___ ___

A3. Reason for this transfusion:

- ☐ **1. STOP II TRIAL Transfusion for Primary Stroke Prevention**
- ☐ **2. Acute Anemic Episode**
- ☐ **3. Acute Chest Event**
- ☐ **4. CVA**
- ☐ **5. Surgery**
- ☐ **6. Priapism**
- ☐ **7. Other Reason (SPECIFY):** A3.a _____

A4. Date of most recent prior transfusion: ___ ___/___ ___/___ ___ ___ ___ ☐ **UNKNOWN**

B. PHYSICAL EXAMINATION PRIOR TO TRANSFUSION

B1. Weight (kg) | | | | . |

B2. Blood pressure (supine) (Sys/Dia) a. | | | / b. | | |

B3. Spleen size (distance below LCM at MCL) | | cm

B4. Physical Examination ☐ **1. NORMAL** ☐ **2. ABNORMAL** ↓

B4.a **List Abnormalities**

_____

_____

_____

C. TRANSFUSION SUMMARY

C1. Total number of units transfused | | → **COMPLETE FORM 21 FOR EACH** ↓

C1.a Total mL in | | | |

C2. Time transfusion started | | : | | C2.a ☐ **1. AM** ☐ **2. PM**

C3. Time transfusion stopped | | : | | C3.a ☐ **1. AM** ☐ **2. PM**

C4. Was total planned volume given? ☐ **1. NO** ☐ **2. YES** ↓

C4.a Reason: _____

☐ **ML** ☐ **DE**

D. PRE-TRANSFUSION LABORATORY TEST RESULTS:

D1. CBC *

D1.a Date blood drawn (Month/Day/Year): ___ ___/___ ___/___ ___ ___ ___

D1.b Hemoglobin (g/dl) ☐☐ . ☐

D1.c Hematocrit (%) ☐☐ . ☐

D1.d White Cell Count (x 10 ^{9}/l) (corrected for nRBCs) ☐☐ . ☐

D2. Reticulocyte Count (%) ☐☐ . ☐

D3. Platelet Count (x10^{9}/l) ☐☐☐☐

D4. Hemoglobin Analysis*

D4.a Date blood drawn (Month/Day/Year): ___ ___/___ ___/___ ___ ___ ___

D4.b % HbS ☐☐

ATTACH COPIES OF LOCAL LABORATORY REPORTS

D5. Antiglobulin Tests

D5.a Date blood drawn (Month/Day/Year): ___ ___/___ ___/___ ___ ___ ___

D5.b Direct Antiglobulin Test (DAT) ☐ **1. NEGATIVE** ☐ **2. POSITIVE**

D5.c Indirect Antiglobulin Test (IAT) ☐ **1. NEGATIVE** ☐ **2. POSITIVE**

ATTACH COPY OF ANTIGLOBULIN TEST RESULTS REPORT

IF BOTH D5.b AND D5.c ARE NEGATIVE, GO TO E1

IF EITHER D5.b OR D5.c IS POSITIVE, CONTINUE TO D5.d

***NOTE: A pre-transfusion sample for hb, hct, and hemoglobin analysis by the Core Lab must also be drawn for patients randomized to the Transfusion arm.**

D5.d Antibodies			D5.e Newly Identified?	
	1. NO	**2. YES**	**1. NO**	**2. YES**
1. Anti - D	☐	☐ →	☐	☐
2. Anti - C	☐	☐ →	☐	☐
3. Anti - E	☐	☐ →	☐	☐
4. Anti - e	☐	☐ →	☐	☐
5. Anti - c	☐	☐ →	☐	☐
6. Anti - f	☐	☐ →	☐	☐
7. Anti - V	☐	☐ →	☐	☐
8. Anti - M	☐	☐ →	☐	☐
9. Anti - N	☐	☐ →	☐	☐
10. Anti - S	☐	☐ →	☐	☐
11. Anti - s	☐	☐ →	☐	☐
12. Anti - U	☐	☐ →	☐	☐
13. Anti - Kp^a	☐	☐ →	☐	☐
14. Anti - Kp^b	☐	☐ →	☐	☐
15. Anti - Js^a	☐	☐ →	☐	☐
16. Anti - Js^b	☐	☐ →	☐	☐
17. Anti - K (Kell)	☐	☐ →	☐	☐
18. Anti - k	☐	☐ →	☐	☐
19. Anti - Fy^a	☐	☐ →	☐	☐
20. Anti - Fy^b	☐	☐ →	☐	☐
21. Anti - Jk^a	☐	☐ →	☐	☐
22. Anti - Jk^b	☐	☐ →	☐	☐
23. Anti - Le^a	☐	☐ →	☐	☐
24. Anti - Le^b	☐	☐ →	☐	☐
25. Anti - P_1	☐	☐ →	☐	☐
26. Anti - I	☐	☐ →	☐	☐
27. Anti - Other → D5.d27.a Specify_____	☐	☐ →	☐	☐

IF THE RESPONSE TO ANY OF D5.e1-27 IS YES, SEND SPECIMEN TO REFERENCE LAB FOR CONFIRMATION.

D5.f Date specimen sent to reference lab (Month/Day/Year) :__ __/__ __ /__ __ __ __ ☐ **-1. NOT SENT**

↓

D5.f.1 Reason:

_____

_____

E. COMPLICATIONS

E1. Were any of the following transfusion complications noted <u>during</u> the transfusion visit? ☐ 1. NO ☐ 2. YES

		1. NO	2. YES	1 Time Complication Detected		2	3 Time Complication Resolved		4	
E1.a	Hemolytic immediate	☐	☐ →	__:__	☐ 1. AM ☐ 2. PM		__:__	☐ 1. AM ☐ 2. PM		
E1.b	Febrile, nonhemolytic (fever, chills)	☐	☐ →	__:__	☐ 1. AM ☐ 2. PM		__:__	☐ 1. AM ☐ 2. PM		
E1.c	Severe anaphylaxis (dyspnea, chest constriction, cyanosis, pulse variations, convulsions)	☐	☐ →	__:__	☐ 1. AM ☐ 2. PM		__:__	☐ 1. AM ☐ 2. PM		
E1.d	Other allergic reactions (redness of skin, Itching, urticaria)	☐	☐ →	__:__	☐ 1. AM ☐ 2. PM		__:__	☐ 1. AM ☐ 2. PM		
E1.e	Fluid overload	☐	☐ →	__:__	☐ 1. AM ☐ 2. PM		__:__	☐ 1. AM ☐ 2. PM		
E1.f	Hypertension (increase of >=30 mm Hg over baseline BP)	☐	☐ →	__:__	☐ 1. AM ☐ 2. PM		__:__	☐ 1. AM ☐ 2. PM		
E1.g	Other	☐	☐ → ↓	__:__	☐ 1. AM ☐ 2. PM		__:__	☐ 1. AM ☐ 2. PM		

SPECIFY:

E1.g5 _____

IF PATIENT HAD AN IMMEDIATE HEMOLYTIC TRANSFUSION REACTION, COMPLETE QUESTION E2; OTHERWISE GO TO QUESTION E4

E2. Antiglobulin Tests

E2.a Time sample collected ☐☐:☐☐ a1. ☐ 1. AM ☐ 2. PM

E2.b Direct Antiglobulin Test (DAT) ☐ 1. NEGATIVE ☐ 2. POSITIVE

E2.c Indirect Antiglobulin Test (IAT) ☐ 1. NEGATIVE ☐ 2. POSITIVE

ATTACH COPY OF ANTIGLOBULIN TEST RESULTS REPORT

IF BOTH E2.b AND E2.c ARE NEGATIVE, GO TO E4

IF EITHER E2.b OR E2.c IS POSITIVE, CONTINUE TO E2.d

E2.d Antibodies				E2.e Newly Identified?	
	1. NO	**2. YES**		**1. NO**	**2. YES**
1. Anti - D	☐	☐	→	☐	☐
2. Anti - C	☐	☐	→	☐	☐
3. Anti - E	☐	☐	→	☐	☐
4. Anti - e	☐	☐	→	☐	☐
5. Anti - c	☐	☐	→	☐	☐
6. Anti - f	☐	☐	→	☐	☐
7. Anti - V	☐	☐	→	☐	☐
8. Anti - M	☐	☐	→	☐	☐
9. Anti - N	☐	☐	→	☐	☐
10. Anti - S	☐	☐	→	☐	☐
11. Anti - s	☐	☐	→	☐	☐
12. Anti - U	☐	☐	→	☐	☐
13. Anti - Kp^a	☐	☐	→	☐	☐
14. Anti - Kp^b	☐	☐	→	☐	☐
15. Anti - Js^a	☐	☐	→	☐	☐
16. Anti - Js^b	☐	☐	→	☐	☐
17. Anti - K (Kell)	☐	☐	→	☐	☐
18. Anti - k	☐	☐	→	☐	☐
19. Anti - Fy^a	☐	☐	→	☐	☐
20. Anti - Fy^b	☐	☐	→	☐	☐
21. Anti - Jk^a	☐	☐	→	☐	☐
22. Anti - Jk^b	☐	☐	→	☐	☐
23. Anti - Le^a	☐	☐	→	☐	☐
24. Anti - Le^b	☐	☐	→	☐	☐
25. Anti - P_1	☐	☐	→	☐	☐
26. Anti - I	☐	☐	→	☐	☐
27. Anti - Other → E2.d27.a Specify_____	☐	☐	→	☐	☐

IF RESPONSE TO ANY OF E2.e1-27 IS YES, SEND SPECIMEN TO REFERENCE LAB FOR CONFIRMATION.

E3. Date specimen sent to reference lab (Month/Day/Year) :__ __/__ __ /__ __ __ __ ☐ **-1. NOT SENT**

↓

E3.a Reason:

_____

_____

E4. Describe pertinent details of each complication and its management

ATTACH TRANSFUSION SUMMARY NOTES

E5. Was patient hospitalized because of a complication from this transfusion?

☐ **1. NO** ☐ **2. YES →**

E5.a Date of admission (Month/Day/Year): ___ ___/___ ___/___ ___ ___ ___

E5.b Date of discharge (Month/Day/Year): ___ ___/___ ___/___ ___ ___ ___

Signature of Study Coordinator: _____ Date: ___ ___/___ ___/___ ___ ___ ___

F. FOR OFFICE USE:

F1. Local hematology laboratory reports received:	☐ **1. NO**	☐ **2. YES**	
F2. Blood Bank antiglobulin test report received:	☐ **1. NO**	☐ **2. YES**	
F3. Blood Bank Panel sheets received:	☐ **1. NO**	☐ **2. YES**	☐ **-1. NA**
F4. Transfusion notes received:	☐ **1. NO**	☐ **2. YES**	
F5. Reference lab report received:	☐ **1. NO**	☐ **2. YES**	☐ **-1. NA**