STOP II TRIAL

DELAYED TRANSFUSION REACTION FORM

AFFIX PATIENT LABEL HERE

A1. Person completing form (Name): ____ (Initials): [ ] [ ] [ ]

A2. Date form completed (Month/Day/Year): ___ ___/___ ___/___ ___ ___ ___

A3. Date of transfusion reaction (Month/Day/Year): ___ ___/___ ___/___ ___ ___ ___

B. TRANSFUSION HISTORY

B1. Date of most recent transfusion preceding date of transfusion reaction (Month/Day/Year): ___ ___/___ ___/___ ___ ___ ___

B2. Were STOP II Transfusion Forms completed for this transfusion? [ ] 1. NO [ ] 2. YES

COMPLETE TRANSFUSION FORMS

C. TYPE OF REACTION

	1. NO	**2. YES**
C1. Delayed hemolytic	[ ]	[ ]
C2. Febrile, nonhemolytic (fever, chills)	[ ]	[ ]
C3. Severe anaphylaxis (dyspnea, chest constriction, cyanosis, pulse variations, convulsions)	[ ]	[ ]
C4. Mild anaphylasis (redness of skin, itching, urticaria)	[ ]	[ ]
C5. Fluid overload	[ ]	[ ]
C6. Hypertension	[ ]	[ ]
C7. Other	[ ]	[ ]

C7.a Specify____

C8. DESCRIBE PERTINENT CLINICAL DETAILS OF THE REACTION:

____

____

____

____

____

[ ] ML [ ] DE

D. LABORATORY TESTS

D1. Antiglobulin Test

☐ **1. NOT DONE** → D1.a Specify reason:

GO TO D2

☐ **2. DONE**

D1.b Date of test (Month/Day/Year): ___ ___/___ ___/___ ___ ___ ___

D1.c Direct ☐ **1. NEGATIVE** ☐ **2. POSITIVE**

D1.d Indirect ☐ **1. NEGATIVE** ☐ **2. POSITIVE**

IF BOTH D1.c AND D1.d ARE NEGATIVE, GO TO D3

IF EITHER D1.c OR D1.d ARE POSITIVE, CONTINUE TO D1.e

D1.e Antibodies				D1.f 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	☐	☐	→	☐	☐

D1.e Antibodies	1. NO	2. YES		D1.f Newly Identified? 1. NO	2. YES
23. Anti - Le^a	☐	☐	→	☐	☐
24. Anti - Le^b	☐	☐	→	☐	☐
25. Anti - P_1	☐	☐	→	☐	☐
26. Anti - I	☐	☐	→	☐	☐
27. Anti - Other → D5.e27.a Specify___________	☐	☐	→	☐	☐

IF THE RESPONSE TO ANY OF D1.f1-27 IS YES, SEND SPECIMEN TO REFERENCE LAB FOR CONFIRMATION

D2. Date specimen sent to reference lab (Month/Day/Year) : __ __/__ __ /__ __ __ __ ☐ **-1. NOT SENT**

↓

D2.a Reason:
____
____

D3. CBC ☐ **1. NOT DONE** ☐ **2. DONE**

↓ **GO TO D4**

D3.a. Date of test (Month/Day/Year) ___ ___/___ ___/___ ___ ___ ___

D3.b. Hemoglobin (g/dl) ☐☐.☐

D3.c Hematocrit (%) ☐☐.☐

D4. Serum Chemistries ☐ **1. NOT DONE** ☐ **2. DONE**

↓ **GO TO D5**

D4.a Date of test (Month/Day/Year) ___ ___/___ ___/___ ___ ___ ___

D4.b Total bilirubin ☐☐.☐

D4.c Direct bilirubin ☐☐.☐

D4.d LDH ☐☐☐☐

D5. Urinalysis ☐ **1. NOT DONE** ☐ **2. DONE**

↓ **GO TO SECTION E**

D5.a Date of test (Month/Day/Year) ___ ___/___ ___/___ ___ ___ ___

D5.b Hemoglobin ☐ **1. NEG** ☐ **2. TRACE** ☐ **3. 1+** ☐ **4. 2+** ☐ **5. 3+** ☐ **6. 4+**

D5.c Number of Red Cells per HPF ☐☐☐☐

****ATTACH LABORATORY OR BLOOD BANK REPORTS FOR EACH OF THE ABOVE TESTS THAT WERE PERFORMED****

E. MANAGEMENT AND OUTCOME

E1. Was the patient admitted to the hospital because of the reaction?

☐ 1. NO ☐ 2. YES →

E1.a Date of hospital admission (Month/Day/Year) ___ ___/___ ___/___ ___ ___ ___

E1.b Date of hospital discharge (Month/Day/Year) ___ ___/___ ___/___ ___ ___ ___

E2. What types of treatment did the patient receive?

	1. NO	2. YES	
E2.a Hydration	☐	☐	
E2.b Transfusion	☐	☐	→ **COMPLETE TRANSFUSION FORM**
E2.c Other	☐	☐ ↓	

E2.c1 Specify ______________________________

E3. Did patient die? ☐ 1. NO ☐ 2. YES ↓

COMPLETE CAUSE OF DEATH FORM

****ATTACH CLINIC/ER NOTES (AND HOSPITAL DISCHARGE SUMMARY IF PATIENT WAS HOSPITALIZED)****

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

F. FOR OFFICE USE:

F1. CBC report received	☐ 1. NO	☐ 2. YES	☐ -1. NA
F2. Blood Bank antiglobulin report received:	☐ 1. NO	☐ 2. YES	☐ -1. NA
F3. Blood Bank panel sheets received:	☐ 1. NO	☐ 2. YES	☐ -1. NA
F4. Reference lab report received:	☐ 1. NO	☐ 2. YES	☐ -1. NA
F5. Serum chemistries report received:	☐ 1. NO	☐ 2. YES	☐ -1. NA
F6. Urinalysis report received:	☐ 1. NO	☐ 2. YES	☐ -1. NA
F7. Clinic/ER notes received:	☐ 1. NO	☐ 2. YES	
F8. Hospital discharge summary received:	☐ 1. NO	☐ 2. YES	