Organization ID: _____ Reaction Record Source: _____ NHSN Adverse Reaction: #_____
Date of Transfusion: _____ Time of Transfusion: _____ Date of reaction:_____

Advancing Transfusion and Cellular Therapies Worldwide

AABB Supplementary Questionnaire
Transfusion-Transmitted Bacterial Infection

Reasons for Investigation of Bacterial Sepsis

[Why are you investigating this as Blood Component Associated Bacterial Sepsis?]

In the left column, please check the event(s) that triggered your report of sepsis associated with transfusion. In the middle column, please provide all available sign/symptom information, whether or not it was the primary trigger for the investigation.

Event	Signs and Symptoms	Time - sign/symptom noted after the start of the transfusion
☐ Temperature Change	Pre-transfusion: _____ ºF☐/ºC☐ Post-reaction max: _____ ºF☐/ºC☐	
☐ Blood Pressure Change	Pre-transfusion: _____mmHg (systolic/diastolic) Post-reaction: BP Max: _____mmHg BP Min: _____mmHg (systolic/diastolic)	
☐ Respiration rate	Pre-transfusion: _____ Post-reaction: _____ (breaths per minute)	
☐ Shock[1]		
☐ Chills/ Rigors		
☐ CNS signs and symptoms	Describe using NHSN Instructions:	
☐ Multiple organ dysfunction syndrome (progressive dysfunction of two or more major organ systems in a critically ill patient that makes it impossible to maintain homeostasis without medical intervention)	Describe:	
☐ Other:	Describe:	

[1] NHSN definition: A drop in blood pressure accompanied by a drop in cardiac output including rapid heart rate (increase to 100 beats per minute or more), rapid breathing, cutaneous vasoconstriction, pallor, sweating, decreased or scanty urine production, agitation and/or loss of consciousness that required fluid resuscitation, with or without inotropic support (9_2013).

Organization ID: _____
NHSN Adverse Reaction: #_____ Date of reaction: _____

Did clinicians at your hospital diagnose sepsis in this patient using SIRS criteria[2]?
☐ Yes ☐ No ☐ Don't Know

Suspected component (check all that apply):
☐ RED BLOOD CELLS ☐ PLATELETS ☐ PLASMA ☐ OTHER: _____

Laboratory Testing: Bacteria				
	Culture Performed (check one)	**Culture Results (check one)**	**Identity of Organism**	**Date/Time of Sampling**
Patient Pre-transfusion: (check all that apply)				
☐ Blood	☐ Yes ☐ No ☐ Don't Know	☐ Positive ☐ Negative ☐ Don't Know		
☐ Urine	☐ Yes ☐ No ☐ Don't Know	☐ Positive ☐ Negative ☐ Don't Know		
☐ Other: _____	☐ Yes ☐ No ☐ Don't Know	☐ Positive ☐ Negative ☐ Don't Know		
Patient Post-transfusion: ☐ Blood ☐ Other: _____	☐ Yes ☐ No ☐ Don't Know	☐ Positive ☐ Negative ☐ Don't Know		
Suspect Unit(s)[3]:	☐ Yes ☐ No ☐ Don't Know	☐ Positive ☐ Negative ☐ Don't Know		
Suspect Unit(s): Final Result from platelet QC culture done at collection facility (if known and applicable).	☐ Yes ☐ No ☐ Don't Know	☐ Positive ☐ Negative ☐ Don't Know		
Point-of-issue bacterial screening result if performed (e.g. PGD or BACTx)?	☐ BACTx ☐ PGD ☐ Other: _____	☐ Positive ☐ Negative ☐ Don't Know		

Did co-components from the involved donation cause septic reaction(s) in other recipients?	☐ Yes ☐ No ☐ Don't Know
If bacterial strain(s) were isolated from the patient and the implicated component and/or co-components, were they evaluated for identity?Strain If yes, please check the method was used:	☐ Yes ☐ No
☐ Antimicrobial Sensitivity ☐ RFLP/PFGE ☐ Sequencing ☐ Other (please describe):_____	
If agents were evaluated for identity, were the donor and patient agents identical?	☐ Yes ☐ No ☐ N/A
Were there other documented, concurrent infections in the patient? If yes, please describe (type of infection/organism and time):	☐ Yes ☐ No

[2] ACP/SCCM Consensus Panel Guidelines.
Sepsis is culture-documented infection plus two or more of the following
- T of >38C or <36C
- Heart rate >90
- RR >20
- WBC count >12000 or <4000 or ≥10% band forms

[3] Sample from implicated unit. Cultures performed only with an integral segment, unless positive, should be considered NOT performed since, due to low concentrations of bacteria, they may be sterile at the time they are sealed in the collection facility.