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Association for the Advancement of Blood & Biotherapies

AABB Common Transfusion Reaction Reporting Form

Frequently Asked Questions

What is the purpose of the form?

This form is meant to open the conversation about serious adverse transfusion reactions between a hospital and its blood supplier(s). The intent is to include sufficient information for the hospital and blood suppliers to investigate all units implicated in a reaction. This common reporting form is designed to be used for different blood suppliers, and hence saves hospitals with multiple blood suppliers from needing to fill out the same information more than once on different forms.
The form is designed only for reactions suspected to be attributable to blood product(s), particularly for which an intervention by the blood supplier may be necessary. Examples of these types of reactions include TRALI, septic transfusion reactions, etc. While cases of TACO do not need to be reported to the blood suppliers, data elements associated with TACO are included as part of the form to assist with the differentiation between various transfusion reactions with pulmonary manifestations.

Why is the form eight pages long?

The form is intended to capture relevant information for the investigation of the reaction and the associated blood components. The form is a fillable form, the formatting of which requires more white space to appear around each field. Hospitals should only complete the sections that are appropriate for the type of reaction reported. Every section does not need to be completed, however providing all available data is optimal.

Can I attach our internal reports?

Yes. Additional information can be attached, such as notes, clinical summaries and/or internal reports that are pertinent to the investigation, including the transfusion history, imaging reports (e.g., chest x-rays), and lab results (e.g., BNP, CBCs, and other reports of the laboratory reaction investigation).

When should I send this form to my blood suppliers?

The form should be submitted as soon as possible so that the blood supplier can evaluate how to manage donors or any co-components that may cause patient harm.

Are the open-ended areas sufficient to capture all my information?

The open-ended areas include auto-adjustment of font to accommodate the necessary data input. As the enterer continues to input information, the font will readjust and continue to get smaller in size.

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After the initial form has been submitted, does the form need to be updated with the latest test results? What happens if more information becomes available after the form is already sent? Should we send an updated form? And to all our blood suppliers?
The initial intent of this form is not to communicate continuous updates, but rather to initiate communication between hospitals and blood suppliers. However, when the hospital has more definitive information, additional information can be sent in a revised version of the original form, using the same MR, or tracking number. As a good housekeeping procedure, hospitals should clearly communicate regarding the additional information with their blood suppliers when sending updated form, for version control purposes.

How should I report a transfusion reaction other than TRALI, Allergic/Anaphylaxis, or Suspected Septic transfusion reactions due to bacterial contamination?
Page 4 includes an "Other, specify" box to report such transfusion reactions. An open-ended space is provided under "Additional information," to allow the reporting of meaningful information that does not fit in the specific categories stated above, which could include other transfusion-transmitted infections.

One page 2, what does "Pertinent Medications" refer to?
Pertinent medications include any medication that could cause a similar clinical picture and was administered within the appropriate time-frame relative to the transfusion reaction. For example, IVIG can be associated with acute hemolysis and mimic an acute hemolytic transfusion reaction.

On page 2, is reporting "Patient/Recipient Information" such as "Medical Record #" in compliance with HIPAA??
Yes. In the case of patient care, sharing of this type of information is allowable and does not violate HIPAA rules.

On page 3, should we report all the units transfused or only the ones that were provided by each blood supplier?
The purpose of the form is to make it easier for hospitals to communicate with their blood supplier(s). The form should include all units associated with a transfusion reaction, regardless of the supplier, and then shared with all suppliers. This will eliminate the need for hospitals to complete multiple blood supplier forms.

On page 7, when is a designee's signature appropriate for review?
A designee's signature is appropriate for review when a medical director is not available for timely reporting.

For questions, contact AABB at hemovigilance@aabb.org.