

**NEW YORK STATE DEPARTMENT OF HEALTH
Blood and Tissue Resources Program**

**Transfusion/Blood Bank-related
Incident Report**

Wadsworth Center
P.O. Box 509, Empire State Plaza
Albany, New York 12201-0509

Incident # _____
(DOH use only)

Entered into database _____ By _____
(DOH use only)

Transfusion/Blood Bank-related incidents must be reported within seven calendar days of the occurrence or its discovery. For purposes of reporting to the Wadsworth Center, an incident is any:

- Error, accident or serious unexpected reaction involving a blood product that has been issued by a transfusion service; or
- Error or accident during the processing or administration of an autogeneic blood product that may pose a substantial risk to the patient, including "reinfusion procedures" and perioperative blood recovery; or
- Severe donor reaction or significant error, accident or non-conformance in collection, testing or processing of donor blood that is not detected prior to distribution and that may affect the safety of any blood product or health of the donor or recipient.

Post-donation information need not be reported unless such information is determined to pose a risk to a recipient (e.g., diagnosis of infectious disease following donation.) Positive bacteria detection testing on platelets need not be reported absent a process error or significant patient reaction.

Facility name/city _____ Lab PFI # _____

Date of discovery _____ Facility incident number _____

Date of occurrence _____ Time of occurrence _____ AM PM

Date of report _____

Person filing report _____ Title _____

Telephone number _____ Email address _____

Patient effect(s)

- Not applicable
- No effect apparent
- Fatality – likely related to transfusion
- Fatality – possibly related to transfusion, cause to be determined
- Fatality – within 24 hours of transfusion, coincidental, related to underlying condition
- Acute hemolytic transfusion reaction (AHTR) Symptomatic and serological Serological only
- Delayed hemolytic transfusion reaction (DHTR) Symptomatic and serological Serological only
- Graft-vs-host disease (GVHD)
- Transfusion-related acute lung injury (TRALI)
- Transfusion-associated circulatory overload (TACO)
- Transfusion-associated infectious disease (specify) _____
- Posttransfusion purpura
- Sepsis
- Other (specify) _____

Donor effect(s)

- Not applicable
- No effect apparent
- Significant donor reaction (specify) _____
- Other (specify) _____

Wadsworth Center
 P.O. Box 509, Empire State Plaza
 Albany, New York 12201-0509

Incident # _____ (DOH use only)

At what point(s) in the process did the incident occur?

<input type="checkbox"/> Not applicable	<input type="checkbox"/> Product storage	<input type="checkbox"/> Product labeling for issue
<input type="checkbox"/> Donor history	<input type="checkbox"/> Sample collection/labeling	<input type="checkbox"/> Product issuance
<input type="checkbox"/> Blood collection/donor testing	<input type="checkbox"/> Product order	<input type="checkbox"/> Product administration
<input type="checkbox"/> Component preparation	<input type="checkbox"/> Patient sample testing	<input type="checkbox"/> Equipment function
<input type="checkbox"/> Product labeling	<input type="checkbox"/> Clerical/documentation	<input type="checkbox"/> Special attribute(s)
<input type="checkbox"/> Product check-in	<input type="checkbox"/> Product selection	
<input type="checkbox"/> Product manipulation	<input type="checkbox"/> Request for pick-up	
<input type="checkbox"/> Other (specify) _____		

How was the incident discovered?

<input type="checkbox"/> Bedside patient identification	<input type="checkbox"/> Computer warning
<input type="checkbox"/> Transfusion reaction	<input type="checkbox"/> Historical record check
<input type="checkbox"/> Supervisory review	<input type="checkbox"/> Discrepant lab results
<input type="checkbox"/> Subsequent blood request	<input type="checkbox"/> Review of order
<input type="checkbox"/> Subsequent blood donation	<input type="checkbox"/> Reported by consignee
<input type="checkbox"/> Audit	<input type="checkbox"/> Other (specify) _____

Where did the incident occur? (check all that apply)

<input type="checkbox"/> Blood center	<input type="checkbox"/> Blood bank/lab	<input type="checkbox"/> ED	<input type="checkbox"/> ICU	<input type="checkbox"/> OR	<input type="checkbox"/> OB
<input type="checkbox"/> Med/Surg/Peds	<input type="checkbox"/> Outpatient Tx	<input type="checkbox"/> Limited Tx Service	<input type="checkbox"/> Limited Reinfusion Service		
<input type="checkbox"/> Other (specify) _____					

Job function of the worker(s) involved in the incident

<input type="checkbox"/> Clinical Laboratory Technologist	<input type="checkbox"/> RN, LPN, NP, PA	<input type="checkbox"/> Phlebotomist/IV Team
<input type="checkbox"/> Clerical/Administrative	<input type="checkbox"/> Attending Physician	<input type="checkbox"/> Housestaff
<input type="checkbox"/> Other (specify) _____		

Product involved (check all that apply)

<input type="checkbox"/> Not applicable	<input type="checkbox"/> Allogeneic/community donation	<input type="checkbox"/> None
<input type="checkbox"/> RBCs	<input type="checkbox"/> Autogeneic donation	<input type="checkbox"/> ≤25 mL
<input type="checkbox"/> Platelets	<input type="checkbox"/> Directed donation	<input type="checkbox"/> 26-50 mL
<input type="checkbox"/> FFP/24-hour plasma		<input type="checkbox"/> 51-100 mL
<input type="checkbox"/> Cryoprecipitate	<input type="checkbox"/> Perioperative blood recovery	<input type="checkbox"/> 101-200 mL
<input type="checkbox"/> Plasma derivative	<input type="checkbox"/> Prepared from whole blood	<input type="checkbox"/> Entire unit/product
<input type="checkbox"/> Reinfusion product	<input type="checkbox"/> Collected by apheresis	<input type="checkbox"/> # of units _____
<input type="checkbox"/> Other _____		

Wadsworth Center
 P.O. Box 509, Empire State Plaza
 Albany, New York 12201-0509

Incident # _____ (DOH use only)

Patient

<input type="checkbox"/>	O pos	<input type="checkbox"/>	O neg
<input type="checkbox"/>	A pos	<input type="checkbox"/>	A neg
<input type="checkbox"/>	B pos	<input type="checkbox"/>	B neg
<input type="checkbox"/>	AB pos	<input type="checkbox"/>	AB neg
<input type="checkbox"/>	N/A		

Unit

<input type="checkbox"/>	O pos	<input type="checkbox"/>	O neg
<input type="checkbox"/>	A pos	<input type="checkbox"/>	A neg
<input type="checkbox"/>	B pos	<input type="checkbox"/>	B neg
<input type="checkbox"/>	AB pos	<input type="checkbox"/>	AB neg
<input type="checkbox"/>	N/A		

ABO

<input type="checkbox"/>	Compatible
<input type="checkbox"/>	Incompatible
<input type="checkbox"/>	N/A

Rh

<input type="checkbox"/>	Compatible
<input type="checkbox"/>	Incompatible
<input type="checkbox"/>	N/A

Was there a reaction?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A

Was a transfusion reaction workup performed?

Incident summary (attach a separate page if necessary)

Wadsworth Center
P.O. Box 509, Empire State Plaza
Albany, New York 12201-0509

Incident # _____
(DOH use only)

Results of investigation (attach a separate page if necessary)

Was a root cause analysis performed?

Yes No

Corrective action (attach a separate page if necessary)

Please send the completed form as an e-mail attachment to BTRAXESS@health.ny.gov, with a subject title of Incident Report and your facility's PFI number. Alternatively, it can be mailed to the Blood and Tissue Resources Program at the address above. Questions should be directed to the Blood and Tissue Resources Program at (518) 485-5341.