NAME & ADDRESS OF BLOOD BANK		
Licence No.:		

Blood Transfusion Reaction Work-up Form (CM-11)



	(CM-11)	Council For Block
Name of Patient:-	_	
Age: Sex :	Patient Reg. No. :	Ward/Unit :-
Transfusion started atam/pm on20	01, stopped atam/pm on _	201
<pre>(Pl.Tick) * type or reaction; fever/chills/urticaria/anaphylactic/na</pre>	ausaa/dysnnaaa/hack nain/nain at infusio	n sita/ hynotension/shock/
Generalized bleeding / oliguria / anania/ chestpain/ othe		ii site/ iiypotension/snock/
Received blood transfusion reaction form fr	om clinician on Date:Time	e:
Unit No : with transfusion s		
Post Transfusion Patient's Blood Sample:		ml blood in plain tube
collected from the opposite arm (NOT from th	· · · · · · · · · · · · · · · · · · ·	
Post Transfusion Patient's Urine Sample:		
Any other Sample for Investigation :		
Blood Unit On Inspection:		
Unit No. :/	BLOOD GROUP	
Type of Blood Component :-		
Collection Date :	Expiry Date :	
	t in the bag:-	
Volume of remaining blood / blood componen Any visible evidence of deterioration: clot/ had		
Volume of remaining blood / blood componen Any visible evidence of deterioration: clot/ had Investigation Report:	emolysis/ discolouration/ aggrega	tes
Volume of remaining blood / blood component Any visible evidence of deterioration: clot/ had Investigation Report: 1. Appearance of post-transfusion blood s	emolysis/ discolouration/ aggregar	tes
Volume of remaining blood / blood component Any visible evidence of deterioration: clot/ had Investigation Report: 1. Appearance of post-transfusion blood s 2. Patient Blood Group from Pre-transfusion	emolysis/ discolouration/ aggregated aggrega	tes
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