Nebraska Community Blood Bank
A Division of Innovative Blood Resources

Call NCBB at (402) 486-9453 and fax this form to (402) 486-9439 as soon as possible.
When completed, fax the transfusion reaction investigation report and supporting documentation to (402) 486-9439.

SERIOUS OUTCOME OF TRANSFUSION REPORT

REASON(S) FOR REPORT: (check appropriate boxes for suspected reaction types)

- ☐ Anaphylaxis or severe allergic reaction
- ☐ Death potentially related to transfusion **[Notify FDA by email: fatalities2@cber.fda.gov]**
- ☐ Transfusion-associated circulatory overload (TACO)
- ☐ Transfusion-associated sepsis
- ☐ Transfusion-related acute lung injury (TRALI)
- ☐ Transfusion-transmitted disease (TTD) **[STOP HERE and complete Suspected Transfusion Transmitted Disease Report (NE-Form-0493)]**
- ☐ Other (describe) _____

Facility Reporting Serious Outcome _____

Person completing form _____ **Date** _____

Enter units involved, date(s) of transfusion, and time that transfusion started and ended:

Unit or Pool #	Component	Date	Time (start and end)
			/
			/
			/

COMPLETE WITH AVAILABLE INFORMATION:

Recipient's name _____ DOB _____

Recipient's hospital identification # _____ Gender ☐ M ☐ F

Recipient's diagnosis _____

Indication for transfusion _____

Describe transfusion facility investigation, treatment and recipient response to date. (Use additional pages if needed.)
(A transfusion reaction investigation form is available on the NCBB website).

Have bags and/or segments been retained for further investigation? ☐ Y ☐ N
If yes, record date and time blood bag/segments refrigerated: _____

Please attach a copy of the transfusion record.

_____ _____
Transfusion Service Medical Director (or designee) Signature ***Date***

SOOT_____