

Potential Transfusion Reaction Form



Practice name:	Contact person on the case:
Phone number:	Email:

Patient name:		Species:	Blood type:		
Age:	Sex:	Breed:	Neutered:		
Relevant medical conditions:		Reason for transfusion and DDX:			
Unit ID number:	Product:	Cross match: Y / N	Major or minor: Major <input type="checkbox"/> Minor <input type="checkbox"/>	Unit blood type:	
Date and time transfusion started:	Rate(s):	Date and time of potential transfusion reaction:		Was the transfusion stopped and or restarted: Y / N	

Describe the potential reaction:
Describe the treatment (dose and drug names):
Please describe transfusion outcome/success (PCV or clotting times pre and post...) and time of testing after transfusion:

Please provide a storage log (including temperature monitoring and storage location). If possible please also send us a copy of your transfusion monitoring sheet (available on our website). Please call us and return the form to us at info@smallanimalbloodbank.com