



## BLOOD SERIOUS ADVERSE REACTION (SAR) REPORT FORM

Report Identification Number (given by reporting establishment) \_\_\_\_\_

### RECIPIENT DETAILS (Please tick or record details accordingly)

INITIALS \_\_\_\_\_ SEX  MALE  FEMALE AGE (at time of SAR) \_\_\_\_\_

### TYPE OF BLOOD/BLOOD COMPONENTS (Please tick accordingly)

### Batch number of blood/blood component

<input type="checkbox"/> Whole blood	
<input type="checkbox"/> Red Blood Cells	
<input type="checkbox"/> Platelets (aphareseis)	
<input type="checkbox"/> Platelets (pooled)	
<input type="checkbox"/> Plasma	
<input type="checkbox"/> Albumin	
<input type="checkbox"/> Immunoglobulin	
<input type="checkbox"/> Autologous component	
<input type="checkbox"/> Other (please specify)	

### DETAILS OF SERIOUS ADVERSE REACTION (SAR)

Date of Transfusion (DD/MM/YYYY): //

Time of Transfusion: a.m. / p.m.

Date of SAR (DD/MM/YYYY): //

Time of SAR: a.m. / p.m.

Amount transfused: ml  <1/4  <1/2  <3/4  >3/4 (please tick accordingly)

### CLINICAL DETAILS

Baseline observations prior to Reaction Temperature \_\_\_\_\_°C Pulse \_\_\_\_\_/min BP \_\_\_\_\_/\_\_\_\_\_mm Hg

### NATURE OF REACTION

Parameters during/after reaction Temperature peak \_\_\_\_\_°C Pulse peak or trough \_\_\_\_\_/min BP peak or trough \_\_\_\_\_/\_\_\_\_\_mm Hg

### CLINICAL SIGNS OF REACTION

Fever <input type="checkbox"/>	Pulmonary oedema <input type="checkbox"/>	Purpura <input type="checkbox"/>
Hypothermia <input type="checkbox"/>	Urticaria/itching/rash <input type="checkbox"/>	Haemorrhage <input type="checkbox"/>
Nausea/vomiting <input type="checkbox"/>	Haemoglobinuria <input type="checkbox"/>	Tachycardia/arrhythmia <input type="checkbox"/>
Chest pain <input type="checkbox"/>	Jaundice <input type="checkbox"/>	Bradycardia <input type="checkbox"/>
Dyspnoea <input type="checkbox"/>	Loin pain <input type="checkbox"/>	High blood pressure <input type="checkbox"/>
Stridor/wheeze <input type="checkbox"/>	Kidney failure/falling urine output <input type="checkbox"/>	Hypotension (low blood pressure) <input type="checkbox"/>
Hypoxia (falling pO <sub>2</sub> ) <input type="checkbox"/>	Fits/seizures <input type="checkbox"/>	Shock <input type="checkbox"/>
Other symptoms <input type="checkbox"/>		

Type of SAR (please tick accordingly):		Type of SAR (please tick accordingly):	
Immunological haemolysis due to ABO incompatibility	<input type="checkbox"/>	Transfusion-transmitted parasitological infection (Malaria)	<input type="checkbox"/>
Immunological haemolysis due to other allo-antibody (Acute)	<input type="checkbox"/>	Transfusion-transmitted parasitological infection, Other <i>please specify</i>	<input type="checkbox"/>
Immunological haemolysis due to other allo-antibody (Delayed > 24 hours)	<input type="checkbox"/>	Graft versus host disease	<input type="checkbox"/>
Non-immunological haemolysis	<input type="checkbox"/>	Febrile non-haemolytic transfusion reactions (FNHTR)	<input type="checkbox"/>
Post-transfusion bacterial infection	<input type="checkbox"/>	Post-transfusion Purpura (PTP)	<input type="checkbox"/>
Transfusion-transmitted viral infection (HBV)	<input type="checkbox"/>	TRALI (Transfusion Related Acute Lung Injury)	<input type="checkbox"/>
Transfusion-transmitted viral infection (HCV)	<input type="checkbox"/>	Transfusion Associated Circulatory Overload (TACO)	<input type="checkbox"/>
Transfusion-transmitted viral infection (HIV-1/2)	<input type="checkbox"/>	Transfusion Associated Dyspnoea	<input type="checkbox"/>
Transfusion-transmitted viral infection, Other ( <i>please specify</i> )	<input type="checkbox"/>	Hypotensive transfusion reaction	<input type="checkbox"/>
Other SARs (please specify)	<input type="checkbox"/>		

Imputability of Serious Adverse Reaction	Excluded -0	<input type="checkbox"/>	Unlikely- 0	<input type="checkbox"/>	Possible -1	<input type="checkbox"/>
		Likely/Probable – 2	<input type="checkbox"/>	Certain – 3	<input type="checkbox"/>	Not assessable – NA

### SEVERITY GRADING

0. No morbidity. No symptoms. Reaction detected only through laboratory investigation	<input type="checkbox"/>
1. Minor morbidity. Not life threatening	<input type="checkbox"/>
2. Moderate to serious morbidity. May or may not be life threatening. Illness or hospitalisation is prolonged and/or results in chronic invalidity or impairment	<input type="checkbox"/>
3. Serious morbidity with immediate threat to life	<input type="checkbox"/>
4. Death as outcome	<input type="checkbox"/>

### REPORTING ESTABLISHMENT

<b>Type (please circle):</b> hospital blood bank, blood establishment, hospital, clinic, manufacturer, bio-medical research institution
<b>Report made by (Name):</b>
<b>Address:</b>
<b>Telephone/Mobile:</b>
<b>E-mail address:</b>

**Signature** \_\_\_\_\_ **Date of Report** \_\_\_\_\_

<i>An electronic version of the SAR report form can be downloaded from:</i> <a href="http://www.sahha.gov.mt/pages.aspx?page=974">http://www.sahha.gov.mt/pages.aspx?page=974</a>	<b>SUPPLY OF SAR REPORT FORM IS REQUIRED</b> <input type="checkbox"/>
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**IDENTIFICATION NUMBER OF REPORTING ESTABLISHMENT:** \_\_\_\_\_  
(For office use only)