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

- Whole blood
- Red Blood Cells
- Platelets (aphareseis)
- Platelets (pooled)
- Plasma
- Albumin
- Immunoglobulin
- Autologous component
- 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 <¼ <½ <¾ >¾ (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

Hypothermia

Nausea/vomiting

Chest pain

Dyspnoea

Stridor/wheeze

Hypoxia (falling pO₂)

Other symptoms

Pulmonary oedema

Urtercaria/itching/rash

Haemoglobinuria

Jaundice

Loin pain

Kidney failure/falling urine output

Fits/seizures

Bradycardia

Haemorrhage

Tachycardia/arrhythmia

High blood pressure

Hypotension (low blood pressure)

Shock

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### Type of SAR (please tick accordingly):

<table>
<thead>
<tr>
<th>Type of SAR</th>
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</thead>
<tbody>
<tr>
<td>Immunological haemolysis due to ABO incompatibility</td>
<td>Transfusion-transmitted parasitical infection (Malaria)</td>
</tr>
<tr>
<td>Immunological haemolysis due to other allo-antibody (Acute)</td>
<td>Transfusion-transmitted parasitical infection, Other please specify</td>
</tr>
<tr>
<td>Immunological haemolysis due to other allo-antibody (Delayed &gt; 24 hours)</td>
<td>Graft versus host disease</td>
</tr>
<tr>
<td>Non-immunological haemolysis</td>
<td>Febrile non-haemolytic transfusion reactions (FNHTR)</td>
</tr>
<tr>
<td>Post-transfusion bacterial infection</td>
<td>Post-transfusion Purpura (PTP)</td>
</tr>
<tr>
<td>Transfusion-transmitted viral infection (HBV)</td>
<td>TRALI (Transfusion Related Acute Lung Injury)</td>
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<tr>
<td>Transfusion-transmitted viral infection (HCV)</td>
<td>Transfusion Associated Circulatory Overload (TACO)</td>
</tr>
<tr>
<td>Transfusion-transmitted viral infection (HIV-1/2)</td>
<td>Transfusion Associated Dyspnoea</td>
</tr>
<tr>
<td>Transfusion-transmitted viral infection, Other (please specify)</td>
<td>Hypotensive transfusion reaction</td>
</tr>
<tr>
<td>Other SARs (please specify)</td>
<td></td>
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</tbody>
</table>

### Imputability of Serious Adverse Reaction

<table>
<thead>
<tr>
<th>Excluded -0</th>
<th>Unlikely -0</th>
<th>Possible -1</th>
</tr>
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<tbody>
<tr>
<td>Likely/Probable – 2</td>
<td>Certain – 3</td>
<td>Not assessable – NA</td>
</tr>
</tbody>
</table>

### SEVERITY GRADING

| 0. No morbidity. No symptoms. Reaction detected only through laboratory investigation | |
| 1. Minor morbidity. Not life threatening | |
| 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 | |
| 3. Serious morbidity with immediate threat to life | |
| 4. Death as outcome | |

### REPORTING ESTABLISHMENT

**Type (please circle):** hospital blood bank, blood establishment, hospital, clinic, manufacturer, bio-medical research institution

**Report made by (Name):**

**Address:**

**Telephone/Mobile:**

**E-mail address:**

**Signature**

**Date of Report**

**An electronic version of the SAR report form can be downloaded from:**


**SUPPLY OF SAR REPORT FORM IS REQUIRED**

**IDENTIFICATION NUMBER OF REPORTING ESTABLISHMENT:**

(For office use only)

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