|  |  |
| --- | --- |
| Reason for incompatible transfusion | Choose an item.. |
| Blood group system | Click here to enter text. |
| Antibody specificity | Click here to enter text. |
| Allo/Auto antibody | Click here to enter text. |
| Antibody identification method | Choose an item. |
| Strength of reaction | Choose an item. |
| Antibody Titer | Choose an item. |
| Antibody subtype | Choose an item. |
| RBC survival studies | Choose an item. |
| Phenotype transfused | Click here to enter text. |
| Genotype transfused | Click here to enter text. |
| Number of units transfused | Click here to enter text. |
| Category of transfusion outcome | Acute Hemolytic  Delayed Hemolytic  Serologic Only  No Reaction  Other, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | |
| Patient Information | |
| Age | Click here to enter text. |
| Gender | Choose an item.. |
| Diagnosis | Click here to enter text. |
| Hematocrit | Pre-transfusion \_\_\_\_\_\_\_\_\_ Post-transfusion \_\_\_\_\_\_\_\_\_ |
| Hemoglobin | Pre-transfusion \_\_\_\_\_\_\_\_\_ Post-transfusion \_\_\_\_\_\_\_\_\_ |
| Direct Antiglobulin Test Strength | Pre-transfusion  Anti-IgG Choose an item., Anti-C3 Choose an item., Method: Choose an item. |
| Post-transfusion  Anti-IgG Choose an item., Anti-C3 Choose an item., Method: Choose an item. |
| Pre Transfusion Medication | Click here to enter text. |
| Describe transfusion outcome | |  | | --- | | Click here to enter text. | | Click here to enter text. | | Click here to enter text. | | Click here to enter text. | | Click here to enter text. | | Click here to enter text. | | Click here to enter text. | |

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| Submitting Country | Click here to enter text. |
| Reviewed by WP Member | Click here to enter text. |
| Final Review | Click here to enter text. |
| Date | Click here to enter a date. |