NEW YORK STATE DEPARTMENT OF HEALTH
Blood and Tissue Resources Program

Transfusion/Blood Bank-related Incident Report

Wadsworth Center
P.O. Box 509, Empire State Plaza
Albany, New York 12201-0509

Incident #_____
(DOH use only)

Entered into database_____ By_____
(DOH use only)

Transfusion/Blood Bank-related incidents must be reported within seven calendar days of the occurrence or its discovery. For purposes of reporting to the Wadsworth Center, an incident is any:

- Error, accident or serious unexpected reaction involving a blood product that has been issued by a transfusion service; or
- Error or accident during the processing or administration of an autogeneic blood product that may pose a substantial risk to the patient, including "reinfusion procedures" and perioperative blood recovery; or
- Severe donor reaction or significant error, accident or non-conformance in collection, testing or processing of donor blood that is not detected prior to distribution and that may affect the safety of any blood product or health of the donor or recipient.

Post-donation information need not be reported unless such information is determined to pose a risk to a recipient (e.g., diagnosis of infectious disease following donation.) Positive bacteria detection testing on platelets need not be reported absent a process error or significant patient reaction.

Facility name/city _____ **Lab PFI #**_____

Date of discovery _____ **Facility incident number**_____

Date of occurrence _____ **Time of occurrence** _____ ◯ **AM** ◯ **PM**

Date of report _____

Person filing report _____ **Title**_____

Telephone number_____ **Email address**_____

Patient effect(s)

- ☐ Not applicable
- ☐ No effect apparent
- ☐ Fatality – likely related to transfusion
- ☐ Fatality – possibly related to transfusion, cause to be determined
- ☐ Fatality – within 24 hours of transfusion, coincidental, related to underlying condition
- ☐ Acute hemolytic transfusion reaction (AHTR) ☐ Symptomatic and serological ☐ Serological only
- ☐ Delayed hemolytic transfusion reaction (DHTR) ☐ Symptomatic and serological ☐ Serological only
- ☐ Graft-vs-host disease (GVHD)
- ☐ Transfusion-related acute lung injury (TRALI)
- ☐ Transfusion-associated circulatory overload (TACO)
- ☐ Transfusion-associated infectious disease (specify) _____
- ☐ Posttransfusion purpura
- ☐ Sepsis
- ☐ Other (specify) _____

Donor effect(s)

- ☐ Not applicable
- ☐ No effect apparent
- ☐ Significant donor reaction (specify) _____
- ☐ Other (specify) _____

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At what point(s) in the process did the incident occur?

- ☐ Not applicable
- ☐ Donor history
- ☐ Blood collection/donor testing
- ☐ Component preparation
- ☐ Product labeling
- ☐ Product check-in
- ☐ Product manipulation
- ☐ Product storage
- ☐ Sample collection/labeling
- ☐ Product order
- ☐ Patient sample testing
- ☐ Clerical/documentation
- ☐ Product selection
- ☐ Request for pick-up
- ☐ Product labeling for issue
- ☐ Product issuance
- ☐ Product administation
- ☐ Equipment function
- ☐ Special attribute(s)
- ☐ Other (specify) _____

How was the incident discovered?

- ☐ Bedside patient identification
- ☐ Transfusion reaction
- ☐ Supervisory review
- ☐ Subsequent blood request
- ☐ Subsequent blood donation
- ☐ Audit
- ☐ Computer warning
- ☐ Historical record check
- ☐ Discrepant lab results
- ☐ Review of order
- ☐ Reported by consignee
- ☐ Other (specify) _____

Where did the incident occur? (check all that apply)

- ☐ Blood center
- ☐ Blood bank/lab
- ☐ ED
- ☐ ICU
- ☐ OR
- ☐ OB
- ☐ Med/Surg/Peds
- ☐ Outpatient Tx
- ☐ Limited Tx Service
- ☐ Limited Reinfusion Service
- ☐ Other (specify) _____

Job function of the worker(s) involved in the incident

- ☐ Clinical Laboratory Technologist
- ☐ RN, LPN, NP, PA
- ☐ Phlebotomist/IV Team
- ☐ Clerical/Administrative
- ☐ Attending Physician
- ☐ Housestaff
- ☐ Other (specify) _____

Product involved (check all that apply)

- ☐ Not applicable
- ☐ RBCs
- ☐ Platelets
- ☐ FFP/24-hour plasma
- ☐ Cryoprecipitate
- ☐ Plasma derivative
- ☐ Reinfusion product
- ☐ Allogeneic/community donation
- ☐ Autogeneic donation
- ☐ Directed donation
- ☐ Perioperative blood recovery
- ☐ Prepared from whole blood
- ☐ Collected by apheresis

Quantity administered

- ☐ None
- ☐ ≤25 mL
- ☐ 26-50 mL
- ☐ 51-100 mL
- ☐ 101-200 mL
- ☐ Entire unit/product
- ☐ # of units_____

- ☐ Other _____

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Patient

- ☐ O pos
- ☐ A pos
- ☐ B pos
- ☐ AB pos
- ☐ N/A
- ☐ O neg
- ☐ A neg
- ☐ B neg
- ☐ AB neg

Unit

- ☐ O pos
- ☐ A pos
- ☐ B pos
- ☐ AB pos
- ☐ N/A
- ☐ O neg
- ☐ A neg
- ☐ B neg
- ☐ AB neg

ABO

- ☐ Compatible
- ☐ Incompatible
- ☐ N/A

Rh

- ☐ Compatible
- ☐ Incompatible
- ☐ N/A

Was there a reaction? ○ Yes ○ No ○ N/A

Was a transfusion reaction workup performed? ○ Yes ○ No ○ N/A

Incident summary (attach a separate page if necessary)

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Results of investigation (attach a separate page if necessary)

Was a root cause analysis performed?

○ Yes ○ No

Corrective action (attach a separate page if necessary)

Please send the completed form as an e-mail attachment to BTRAXESS@health.ny.gov, with a subject title of Incident Report and your facility's PFI number. Alternatively, it can be mailed to the Blood and Tissue Resources Program at the address above. Questions should be directed to the Blood and Tissue Resources Program at (518) 485-5341.