

LifeShare Blood Center – Laboratory Services Evaluation of Suspected TRALI

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Lake Charles Reference Laboratory
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Patient name: _____ Transfusion date: _____
 ID number: _____ Date reported: _____
 Hospital/Facility: _____

Section 1: Patient Clinical Information

Admitting Diagnosis: _____
 Symptoms related to TRALI:
 Fever Hypotension Acute Respiratory Distress Acute Pulmonary Edema
 Time of onset for transfusion complications: _____
 Chest X-ray performed: Yes No
 Findings: _____

Oxygen Saturation/Blood Gas results:

Test	Pre-Transfusion		Post-Transfusion	
	Time	Result	Time	Result
pO ₂				
SpO ₂				

Other clinical data: _____

Section 2: Components transfused within past 24 hours

DIN	Component	Sex	DIN	Component	Sex

Section 3:

Initial deferral entered into LifeTec for each implicated donor: Yes No
 Notification sent to implicated donors: Yes No Date sent: _____
 Is additional donor testing desired for any unit(s) listed in Section 2? Yes No

Additional Donor Testing Results:

DIN	Test Results	Donor Deferred
	<input type="checkbox"/> Pos <input type="checkbox"/> Neg	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Pos <input type="checkbox"/> Neg	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Pos <input type="checkbox"/> Neg	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Pos <input type="checkbox"/> Neg	<input type="checkbox"/> Yes <input type="checkbox"/> No

Medical Director Comments: _____

Medical Director Final Review: _____ Date: _____