

Advance Transfusion Reaction Report			
In case of adverse transfusion reaction in the bag with giving se should be send immediately to the blood bank along with details of reaction and fresh sample of the patient in EDTA A plan vial)			
Patient's Name :		Adm/Reg No :KK	
Name of the Product :KK Date :2023-04-10		Time to Start:KK SAM/PM Stopped atex :KK	
AM/[M Rate of Transfusion :KK		Mini Transfused :KK	
In case of suspected transfusion reaction, please send 3ml post transfusion EDTA sample from the patient and the remaining blood bag along with this form.			
VITALS	BEFORE REACTION (Time)	AFTER REACTION (Time)	POST REACTION (Time)
Temp.	MM	MM	MM
Plus.	NN	NN	NN
BP.	HH	HH	HH
PR.	KK	KK	KK

Chill : Fall in B.P : Anaphylactic reaction Temperature :: Vack Pain :

Oliguria/Anuria : Chest Pain Dyspnea : Haemoglobinuria :
UrticariaShock :

Any Other :: of Medical Officer Signature

Date & Time Designation

: