

CICBC Transfusion Transmitted Disease Report

To report transfusion transmitted disease, notify CICBC at 217-753-1534, complete both pages of this form and fax to CICBC at 217-753-0689.

Date: _____ Reporting Facility: _____

Address: _____

Phone: _____

Name of Person Reporting: _____

Disease Transmitted:

Hepatitis B
 TRALI
 Hepatitis C
 Bacterial
 Hemolytic
 HIV
 Protozoan
 Other (Describe) _____

Transfusion Service Medical Director: _____

Phone: _____ Pager: _____

Patient Name: _____

Birth date: _____ Sex: _____ Patient ID#: _____

Treating Physician: _____

Phone: _____ Pager: _____

Admitting Diagnosis at Time of Transfusion: _____

Date Post-Transfusion Disease Suspected: _____

Date of First Symptom: _____

Laboratory Tests Performed Pertinent to Diagnosis:

Was the recipient tested prior to transfusion?
 No
 Unknown
 Yes, list date: _____

Post Transfusion Test Date: _____

List results in the table below. Record EIA as NR or RR; Record confirmatory as NR, R, or Ind

	Anti-HIV		HIV RNA	Anti-HTLV		HBsAg		Anti-HBS	Anti-HBc		Anti-HCV		HCV RNA	OTHER
	EIA	WB		EIA	WB	EIA	Neut.		Total	IgM	EIA	Conf.		
Pre-Transfusion														
Post-Transfusion														

EIA = Enzyme-linked Immunoassay, WB = Western Blot, Neut = neutralization, Conf = Confirmatory
 NR = Non Reactive, RR = Repeat Reactive, Ind = Indeterminate, R= Reactive

