# Transfusion Reaction Reporting Form (TRRF) for Blood & Blood Products

Indian Pharmacopoeia Commission–National Institute of Biologicals
Ministry of Health & Family Welfare–Govt. of India

HAEMOVIGILANCE

(Pharmacovigilance Programme of India)

## TRANSFUSION REACTIONS REPORTING FORM FOR BLOOD & BLOOD PRODUCTS

For reporting of Transfusion Reactions by Healthcare Professionals

### A) PATIENT INFORMATION

* Mandatory Field

Patient initials* ..... DOB/Age in years* ..... Blood Group* .....Diagnosis ..... Hospital Code No* .....

Hospital Admission No.* _____ Sex:* F ☐ M ☐

Date & Time of Transfusion* ..... Date & Time of Reaction* ..... Date & Time of Recovery .....

### B) TRANSFUSION PRODUCT DETAILS*

| Components | Select Components | Unit Number (transfused) | Expiry Date | Manufacturer Blood Bags | Batch Number | Indications | 1st time/Repeat Transfusion (No. of Repeats) |
|---|---|---|---|---|---|---|---|
| Whole Blood | | | | | | | |
| Red Blood Cells | | | | | | | |
| Platelets Apheresis | | | | | | | |
| Platelets Pooled/RDP | | | | | | | |
| Solvent detergent (SD) Plasma | | | | | | | |
| FFP | | | | | | | |
| Cryoprecipitate | | | | | | | |
| Any other | | | | | | | |
| Blood Products (Please Specify) | **Manufacturer** | | **Batch Number** | **Expiry Date** | | | |

### C) NATURE OF ADVERSE REACTIONS*

| S.No. | Reactions | Please Tick (✓) |
|---|---|---|
| 1 | Immunological Haemolysis due to ABO Incompatibility | |
| 2 | Immunological Haemolysis due to other allo-antibodies | |
| 3 | Non Immunological Heamolysis | |
| 4 | Transfusion Transmitted Bacterial Infection | |
| 5 | Anaphylaxis / Hypersensitivity | |
| 6 | Transfusion Related Acute Lung Injury (**TRALI**) | |
| 7 | Transfusion Transmitted Viral Infection (**HBV**) | |
| 8 | Transfusion Transmitted Viral Infection (**HCV**) | |
| 9 | Transfusion Transmitted Viral Infection (**HIV-1/2**) | |
| 10 | Transfusion Transmitted Viral Infection, other (**Specify**) | |
| 11 | Transfusion Transmitted Parasitic Infection (**Malaria**) | |
| 12 | Transfusion Transmitted Parasitic Infection, other (**Specify**) | |
| 13 | Post Transfusion Purpura | |
| 14 | Transfusion Associated Graft versus Host Disease (**TAGv HD**) | |
| 15 | Febrile Non Haemolytic Reactions (FNHTR) | |
| 16 | Transfusion Associated Dyspnea (TAD) | |
| 17 | Transfusion Associated Circulatory Overload (TACO) | |
| 18 | Other Reaction (s) | |

### D) OUTCOMES OF THE ADVERSE REACTIONS*

- Death following the adverse reactions ☐
- Recovered ☐
- Recovered with sequelae ☐
- Permanently disabled ☐
- Unknown ☐

**Any other information** .....

### E) REPORTER*

Name and professional Address: _____

_____

Pin Code: _____ Email: _____

Tel No. (with STD code) _____

### F) CAUSALITY ASSESSMENT*

Date of this report (DD/MM/YYYY)

# ADVICE ABOUT REPORTING

- Report adverse experiences with Blood Transfusion or Blood Products Administration
- Who Can Report?
  - >> Medical Colleges, Institutes, Hospitals and Blood Banks under Haemovigilance Programme of India
- Where to Report?
  - >> Please return the completed form to the nearest Medical Colleges, Institutes, Hospitals and Blood Banks under Haemovigilance Programme or to NIB Coordinating Center-Haemovigilance
  - >> A list of nationwide Medical Colleges, Institutes, Hospitals and Blood Banks under Haemovigilance Programme is available at: http://www.nib.gov.in
- What happens to the submitted information
  - >> The causality assessment is carried out at Medical Colleges, Institutes, Hospitals and Blood Banks under Haemovigilance Programme
  - >> The information collected in Transfusion Reaction Reporting Form (TRRF) will be forwarded to National Coordinating Centre-Haemovigilance NIB, through software (Haemo-Vigil) developed in house by NIB's IT division. This data will be collated & analyzed to identify trends, recommend best practices and interventions required to improve patient care & safety
  - >> These recommendations will be forwarded to PvPI National Coordinating Centre IPC for onward transmission to Drugs Controller General (India), Central Drugs Standard Control Organization
  - >> These recommendations will be used to formulate safety related regulatory decisions on Blood & Blood Products Transfusion which will be communicated to various stakeholders.
  - >> The information is submitted to the Advisory Committee of Haemovigilance Programme constituted by the Ministry of Health and Family Welfare. The Committee is entrusted with the responsibility to review the data and suggest any interventions that may be required

## TRANSFUSION REACTION REPORTING FORM (TRRF)

For VOLUNTARY reporting of Transfusion Reactions by health care professionals.

**National Institute of Biologicals**
National Coordinating Centre-Haemovigilance, NOIDA
Ministry of Health & Family Welfare, Government of India
A-32,Sector-62, NOIDA
http://www.nib.gov.in

Haemovigilance Programme of India for Assuring Patient Safety And Promote Public Health

**Confidentiality**

The patient's identity is held in strict confidence and protected to the fullest extent. Programme staff is not expected to and will not disclose the reporter's identity in response to a request from the public.

***Submission of a report does not constitute an admission that medical personnel or manufacturer or the product caused or contributed to the reaction.***

TRRF can be downloaded from the websites:
www.nib.gov.in • www.ipc.gov.in • www.cdsco.nic.in