

LIST EACH KNOWN BLOOD COMPONENT ADMINISTERED PRIOR TO FIRST EVIDENCE OF INFECTION.

(If necessary, provide list on additional paper.)

UNIT NUMBER	COMPONENT	TRANSFUSION DATE	UNIT NUMBER	COMPONENT	TRANSFUSION DATE
1			7		
2			8		
3			9		
4			10		
5			11		
6			12		

Has this case been reviewed by the Medical Director of the blood bank? YES NO Conclusion/Interpretation: _____

Has this case been reported to the local Public Health Department? YES NO Date reported: _____

This report prepared by: _____ Phone: _____

Name and Title

Please mail completed report to:
 Medical Surveillance
 LifeStream
 P.O. Box 1429
 San Bernardino, CA 92402-1429

Thank you. The involved donors will be investigated as possible sources of infection. A summary report will be sent to you once the investigation is complete. This may take several months if donors need to be called back for infectious disease testing.

FOR BLOOD CENTER USE ONLY

Date Report Received: _____ Complete: YES NO Total number of components: _____ Case ID: _____

Additional Data Requested From: _____ Date Requested: _____ Date Received: _____

Date Donor Checklists initiated: _____ Date Outside Blood Supplier Notified: _____ Public Health Inquiry: YES NO

MEDICAL DIRECTOR'S INITIAL REVIEW AND COMMENTS:

 Medical Director Date

QA REVIEW: _____
 Name Date