



NAVI MUMBAI MUNICIPAL CORPORATION
BLOOD CENTRE VASHI LICENCE NO KD-24
WHOLE BLOOD/BLOOD COMONENT/BLOOD PRODUCT
COMPATIBILITY REPORT

TRANSFUSION REACTION FORM

Patient Name : _____ Reg.No. : _____

Hosp. _____ Ward : _____

Blood Group _____

PRODUCT DETAILS :

WHOLE BLOOD	PRBC	FFP	PLATELETS	CRYPTO PRECIPITATE

UNIT NUMBER _____ BLOOD GROUP _____ EXPIRY DATE _____

Transfusion Started on : _____ Completed at : _____

Rate of Transfusion : _____ Drops per Minutes : _____

Actual Qty. of blood transfusion in ml : _____

CLINICAL OBSERVATION

General Condition	Pre. Transfusion	During Transfusion	Post. Transfusion
Pulse			
Resp. Rate			
Temperature			
B.P.			
Rigors			
Chillies			
Myalgia			
Urticaria			
Other Observation			

Doctor/Nurse- Note - In any case of transfusion reaction, inform the blood centre immediately. Send blood / Componant, Set Post-Transfusion Sample. EDTA 2 ml. and Plain 3ml. Urine Sample.

Date : / /20

Signature of Medical Officer