REPORTING FORM FOR ADVERSE DONOR REACTION

IMPORTANT INFORMATION

1. Every adverse event related to blood or blood component donation shall be managed, investigated and documented accordingly.
2. The blood collection personnel shall fill up this form **immediately** after any adverse donor reaction. The head of the blood collection centre shall ensure that this form is filled up correctly.
3. Completed original form shall be retained at the respective blood collection centre and a copy to be sent to the National Haemovigilance Coordinating Centre, National Blood Centre every month.

SECTION A: DONOR DETAILS

Name :	NRIC / Passport No:
Gender : ☐ Male ☐ Female	Telephone:
Weight (kg):	Barcode:
Date of donation:	Number of previous donations:
Place of donation:	
Collection centre:	State:

SECTION B: DONATION DETAILS

Type of donation : ☐ Whole Blood ☐ Apheresis Machine: ( )	
Time start:	Time end:
Time of Reaction:	Time of recovery:
Volume collected :	Donation terminated early: ☐ Yes ☐ No
Previous history of reactions: ☐ Yes ☐ No If yes, please describe:	

SECTION C: TYPE OF REACTION (Tick ✓ where applicable)

Type of Reactions*				Grading of Severity*		
				Mild	Moderate	Severe
Local Symptoms	Blood Outside Vessels		Haematoma			
			Arterial Puncture			
			Delayed Bleeding			
	Arm Pain	Specified as	Nerve irritation			
			Nerve injury			
		or not specified	Other Arm Pain			
	Localised infection/ inflammation of vein or soft tissue		Thrombophlebitis			
			Cellulitis			
	Other Major Blood Vessel Injury		Deep Vein Thrombosis (DVT)			
			Arteriovenous Fistula			
			Compartment Syndrome			
			Brachial Artery Pseudoaneurysm			
Generalised symptoms	Vasovagal Reaction		Immediate			
			Immediate with injury			
			Delayed			
			Delayed with injury			
Related to Apheresis Donation			Citrate reaction			
			Haemolysis			
			Air embolism			
Allergic Reactions			Local Allergic Reaction			
			Generalized (anaphylactic) reaction			
Other Serious Complications Related to Blood Donation			Acute Cardiac symptoms (other than Myocardial Infarct or cardiac arrest)			
			Myocardial Infarct			
			Transient Ischemic Attack (TIA)			
			Cerebrovascular accident			
Others						

Table adapted from Standard for Surveillance of Complications Related to Blood Donation by the Working Group on Complications Related to Blood Donation, International Society of Blood Transfusion and Working Party on Haemovigilance, European Haemovigilance Network (2014)

SECTION D: MANAGEMENT (To be filled if necessary)

Vital Sign	Pre Donation	During Reaction	Post Recovery
BP (mmHg)			
Pulse (/ min)			

_____

_____

_____

SECTION E: INVESTIGATIONS (for citrate toxicity, moderate/severe vasovagal reactions)

(e.g.: Sodium, Potassium, Calcium, Phosphate & Magnesium Level, RBS, RP and LFT)

RESULTS

☐ Normal ☐ Abnormal

If abnormal please specify: _____

SECTION F: DONOR OUTCOME

G1. Recovered with no ill effects ☐
G2. Recovered with illness ☐ specify if any: _____
G3. Death ☐

SECTION G: FOLLOW UP

_____

_____

_____

Reported by :	Verified by
Designation :	Designation
Date :	Date: