

# 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	Batch Number	Indications	1 <sup>st</sup> 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 \*

Reactions	Please Tick (✓)
1 Immunological Haemolysis due to ABO Incompatibility	
2 Immunological Haemolysis due to other allo- antibodies	
3 Non Immunological Haemolysis	
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 (TAGvHD)	
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

### E) REPORTER \*

Name and professional Address: \_\_\_\_\_  
Pin Code : \_\_\_\_\_ Email: \_\_\_\_\_  
Tel No. (with STD code) \_\_\_\_\_

Any other information .....

### F) CAUSALITY ASSESSMENT\*

Date of this report (DD/MM/YYYY)