



**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: \_\_\_\_\_ Name and Title Phone: \_\_\_\_\_

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

**You may also fax report and supporting documentation to 909-386-6817.** 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.

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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