

**Attention Transfusion Service:
Please copy onto your facility
letterhead.**

DATE: _____

RE: BLOOD UNIT NO.: _____

LOOKBACK ID NO.: _____

Dear Doctor _____:

We have received information from LifeStream that a unit of blood was previously donated by a donor who was subsequently found to be positive for _____. The blood product was transfused to a patient under your care. Please be assured that the unit was tested and found negative for all infectious disease testing required at the time of donation.

It is not known when the donor became infected. Therefore, LifeStream has initiated a "lookback." Lookback is the process of tracing and counseling a recipient of blood donated by a donor who now is known positive for a significant blood borne pathogen. This process assures that the recipient can make informed decisions about whether to undergo testing.

PLEASE UNDERSTAND THE FOLLOWING ABOUT LOOKBACK:

- **The patient's interests are best served when the attending physician takes the responsibility for contacting and counseling the patient.**
- **It is important that the patient or appropriate individual be notified immediately.**
- **Recipient notification should include the following information:**
 - ❖ **A basic explanation of the need for testing and counseling;**
 - ❖ **Sufficient oral or written information so that the transfusion recipient can make an informed decision about whether to obtain testing and counseling; and**
 - ❖ **Information concerning where the patient can obtain testing and counseling**
- **Notification of family member or legal representative may be necessary if the recipient is judged incompetent or is deceased. See the Information for Physician sheet enclosed with this letter to determine if such notification is required.**

Below, please find information about the recipient:

(Name of Patient)

(Patient ID No.)

(Address of Patient)

(Date of Transfusion)

PLEASE READ THE ENCLOSED INFORMATION SHEETS FOR PHYSICIANS AND RECIPIENTS. If you have additional questions regarding this lookback feel free to contact the Medical Surveillance Department of LifeStream at 909-885-6503 extension 655.

PLEASE COMPLETE THE ATTACHED FORM AND RETURN IT TO THE HOSPITAL TRANSFUSION SERVICE DEPARTMENT WITHIN FOUR WEEKS.

Sincerely,

TRANSFUSION SERVICE DIRECTOR (or authorized representative)

«HOSPITAL NAME»
HOSPITAL

PHONE NUMBER