

Transfusion Transmitted Infection Report

For possible West Nile Virus (WNV)

Test	Pretransfusion Result/Date	Post-transfusion Result/Date
Anti-WNV IgM (site) _____		
Anti-WNV IgG (site) _____		
Nucleic Acid Test (NAT) ____		

Note: Either NAT or IgM must be positive prior to SDBB investigation.

For other possible transfusion transmitted infections

Test	Pretransfusion Result/Date	Post-transfusion Result/Date

List all involved units of blood, blood component, or blood derivative administered to the patient (include products from all sources).

	Source	Type of Product	Whole Blood Number/Lot #	Transfusion Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Attach additional forms if more than 10 products transfused.

Has this case been reviewed by Hospital Transfusion Committee?

Yes No

If Yes, Transfusion Committee conclusions:

Additional Comments (such as additional history, test results, risk factors, medications or travel):

Mail or fax to: Medical Director, San Diego Blood Bank
3636 Gateway Center Ave, Suite 100, San Diego, CA 92102
Fax # 619-220-8416