Reporting Hospital:		Date:			
Individual Reporting:		Contact Phone #:			
Blood Bank Medical Director:		Contact Phone #:			
Recipient's Physician:		Contact Phone #:			
,	<u>_</u>				
Desiries Messes		200			
Recipient Name:		DOB:			
Hospital ID #:					
Underlying illness or surgery: Symptoms of infection or asymptoms	atomotio:				
Symptoms of infection of asymp	nomatic.				
or Human Immunodeficiency					
Test	Pretransfusion Result/Date	te Post-transfusion Result/Date			
Anti-HIV					
Western Blot					
Nucleic Acid Test (NAT)/PCR					
Note: Either Western Blot or NAT	T/PCR must be positive prior to	o SDBB investigation.			
- 11	D				
For Hepatitis A Virus (HAV) or					
Test	Pretransfusion Result/Dat	te Post-transfusion Result/Date			
IgM antibody to:					
Other test information					
Other test information Note: IgM antibody post-transfus	ion or other tests demonstratin	ng recent or active infection must be			
Other test information Note: IgM antibody post-transfus	ion or other tests demonstration	ng recent or active infection must be			
Other test information Note: IgM antibody post-transfus SDBB investigation.					
Other test information Note: IgM antibody post-transfus SDBB investigation.		ther hepatitis			
Other test information Note: IgM antibody post-transfus SDBB investigation. For Hepatitis B Virus (HBV) or Test	Hepatitis C Virus (HCV) or o	ther hepatitis			
Other test information Note: IgM antibody post-transfus SDBB investigation. For Hepatitis B Virus (HBV) or	Hepatitis C Virus (HCV) or o	ther hepatitis			
Other test information Note: IgM antibody post-transfus SDBB investigation. For Hepatitis B Virus (HBV) or Test HB surface Antigen (HBsAg)	Hepatitis C Virus (HCV) or o	ther hepatitis			
Other test information Note: IgM antibody post-transfus SDBB investigation. For Hepatitis B Virus (HBV) or Test HB surface Antigen (HBsAg) Anti-HBcore	Hepatitis C Virus (HCV) or o	ther hepatitis			
Other test information Note: IgM antibody post-transfus SDBB investigation. For Hepatitis B Virus (HBV) or Test HB surface Antigen (HBsAg) Anti-HBcore Anti-HBsurface	Hepatitis C Virus (HCV) or o	ther hepatitis			
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Title: Transfusion Transmitted Infection Report Number: FRM-0190 Version: 1

-WNV IgM (site) -WNV IgG (site) -WNV Ig	-WNV IgM (site)	ossible West Nile Test		, ,	sfusion Result/Date	Post-tr	ansfusion Result/Date
Inti-WNV IgG (site) Iucleic Acid Test (NAT) Ie: Either NAT or IgM must be positive prior to SDBB investigation. Other possible transfusion transmitted infections Test	nti-WNV IgG (site) ucleic Acid Test (NAT) e: Either NAT or IgM must be positive prior to SDBB investigation. other possible transfusion transmitted infections Test	nti-WNV IgM (site)		1 10 11 511 11			
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Mail or fax to:

Title: Transfusion Transmitted Infection Report

Number: FRM-0190

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