Reset Form

Date completed: _____ Investigation #: _____

Transfusion-Associated Infections: Recipient Investigation

Categorization: ☐ Definite ☐ Probable ☐ Possible ☐ Ruled Out ☐ Pending ☐ Unknown

Pathogen: _____

Form completed by:

Name: _____ Phone: _____

Affiliation: _____ Email: _____

Date reported to the investigator/agency (mm/dd/yyyy): _____

Reported by:

Name, Affiliation: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Email: _____

☐ Initial (Index) Recipient ☐ Additional (Non-index) Recipient

Case ID#

Demographics

Last name: _____ First name: _____ MI: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date of birth (mm/dd/yyyy) : _____ Age:_____ ☐ days ☐ months ☐ years

Sex: ☐ Male ☐ Female ☐ Unknown

Race (select all that apply): ☐ American Indian or Alaska Native ☐ Asian or Pacific Islander ☐ Black/African American ☐ White ☐ Other, specify: _____ ☐ Unknown

Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino ☐ Unknown

Clinical information (approximate dates [mm/yyyy] are acceptable)

Date of symptom onset (mm/dd/yyyy) : _____ ☐ Not applicable ☐ Unknown

Clinical manifestations, if any (specify): _____

Diagnostic testing (approximate dates [mm/yyyy] are acceptable)

Date of diagnosis: _____ ☐ Not applicable ☐ Unknown

Were any **pre-transfusion** specimens tested for evidence of infection? ☐ Yes ☐ No ☐ Unknown

If yes, what was the **overall** result of the testing? ☐ Positive ☐ Negative ☐ Indeterminate ☐ Unknown

Test type(s): _____ Result(s) (e.g., titer): _____

Testing facility (name, city, state): _____

Were any **post-transfusion** specimens tested for evidence of infection? ☐ Yes ☐ No ☐ Unknown

If more space is needed, use **Recipient Investigation: Additional Sheet (page 5)**. Page 5

Date of collection	Date of testing	Specimen	Test type	Overall result (e.g., positive)	Testing facility (name, city, state)

Did the patient receive treatment for this infection? ☐ Yes ☐ No ☐ Not applicable ☐ Unknown

Specify: _____

CDC developed this generic investigation form (also see instructions for the form) to facilitate investigating and tracking potential transfusion-associated cases. The generic form (version 1; 5/18/2012) provides a broadly applicable framework and can be used in combination with a disease-specific module, if applicable/available. The intent is for the forms and instructions to be part of a larger toolkit.

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Date completed: _____ Investigation #: _____

Transfusion-Associated Infections: Recipient Investigation (cont.)

Risk factors

Did the recipient have possible routes of exposure other than transfusion (e.g., vectorborne or congenital)?

☐ Yes ☐ No ☐ Not applicable ☐ Unknown

If yes, specify: _____

Current status: (as of _____)

☐ Home; never hospitalized due to (or with) this infection

☐ Home; previously hospitalized due to this infection; specify hospital: _____

☐ Currently hospitalized due to this infection; specify hospital: _____

☐ Long-term hospitalization/never left hospital (e.g., neonate)

☐ Nursing home/Rehabilitation facility; specify: _____

☐ Died (mm/dd/yyyy) : _____; Autopsy? ☐ Yes ☐ No ☐ Unknown

Was death related to this infection? ☐ Yes ☐ No ☐ Unknown

☐ Unknown

Transfusion history

The timeframe to consider and the relevant blood products depend in part on pathogen and host factors. If more space is needed, use **Recipient Investigation: Additional Sheet (page 5)**. Page 5

Reason(s) for transfusion(s): _____

Type of product	Date of transfusion	Transfusion facility (name, city, state)	Blood supplier (name, city, state)	Blood Product Unit Number

Donor tracking

Identify ***donors*** *for the pertinent blood products listed in the table above.*

Blood Product Unit Number	Blood bank/center (name, city, state)	Date of donation	Donor located?	Test type (for donor)	Overall result (for donor)	Donor implicated?
						☐
						☐
						☐
						☐
						☐

Note: More than one donor may be implicated. Complete the ***Donor Investigation*** section for each pertinent donor; identify/track **corecipients**, as well as **recipients of previous or subsequent donations.**

Facility(ies) where implicated transfusion(s) occurred:

Name and address: _____

City: _____ State: _____ Zip: _____

Contact person: _____ Phone: _____

Notes:

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Date completed: _____ Investigation #: _____

Transfusion-Associated Infections: Donor Investigation

Pathogen: _____

Form completed by:

Name: _____ Phone: _____

Affiliation: _____ Email: _____

Date reported to the investigator/agency (mm/dd/yyyy) : _____

Reported by:

Name, Affiliation: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Email: _____

ID# _____

Demographics

Last name: _____ First name: _____ MI: ___

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date of birth (mm/dd/yyyy) : _____ Age: _____ years

Sex: ☐ Male ☐ Female ☐ Unknown

Race (select all that apply): ☐ American Indian or Alaska Native ☐ Asian or Pacific Islander ☐ Black/African American ☐ White ☐ Other, specify:_____ ☐ Unknown

Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino ☐ Unknown

Clinical information (approximate dates [mm/yyyy] are acceptable)

Date of symptom onset (mm/dd/yyyy) : _____ ☐ Not applicable ☐ Unknown

Clinical manifestations, if any (specify): _____

Diagnostic testing (approximate dates [mm/yyyy] are acceptable)

If more space is needed, use **Donor Investigation: Additional Sheet (page 6)**. Page 6

Date of collection	Date of testing	Specimen	Segment/ Cocomponent	Test type	Overall result (e.g., positive)	Testing facility (name, city, state)

Testing details

Risk factors

Did the donor have risk factors for infection with the pathogen? ☐ Yes ☐ No ☐ Unknown

If yes, specify: _____

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Date completed: _____ Investigation #: _____

Transfusion-Associated Infections: Donor Investigation (cont.)

Donation history

The timeframe to consider and the relevant blood products depend in part on pathogen and host factors. If more space is needed, use **Donor Investigation: Additional Sheet (page 6)**. Page 6

Date of donation	Donation facility (name, city, state)	Blood Product Unit Number	Type of product	Transfused?
				☐
				☐
				☐
				☐
				☐
				☐
				☐

Recipient tracking

Track all relevant donations listed in the donation history.

Blood Product Unit Number	Type of product	Date of transfusion	Transfusion facility (name, city, state)	Recipient identifier

Diagnostic testing for recipient(s)

If more space is needed, use **Donor Investigation: Additional Sheet (page 6)**. Page 6

Recipient identifier	Date of collection	Date of testing (for recipient)	Specimen (for recipient)	Test type (for recipient)	Overall result (for recipient)	Testing facility (name, city, state)

Notes:

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Date completed: _____ Investigation #: _____

Transfusion-Associated Infections: Recipient Investigation Additional Sheet

☐ Initial (Index) Recipient ☐ Additional (Non-index) Recipient

Case ID#

Diagnostic testing

Date of collection	Date of testing	Specimen	Test type	Overall result (e.g., positive)	Testing facility (name, city, state)

Transfusion history

Type of product	Date of transfusion	Transfusion facility (name, city, state)	Blood supplier (name, city, state)	Blood Product Unit Number

Donor tracking

Blood Product Unit Number	Blood bank/center (name, city, state)	Date of donation	Donor located?	Test type (for donor)	Overall result (for donor)	Donor implicated?
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐

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Date completed: _____ Investigation #: _____

Transfusion-Associated Infections: Donor Investigation Additional Sheet

ID#

Diagnostic testing

Date of collection	Date of testing	Specimen	Segment/ Cocomponent	Test type	Overall result (e.g., positive)	Testing facility (name, city, state)

Donation history

Date of donation	Donation facility (name, city, state)	Blood Product Unit Number	Type of product	Transfused?
				☐
				☐
				☐
				☐
				☐
				☐
				☐

Recipient tracking

Blood Product Unit Number	Type of product	Date of transfusion	Transfusion facility (name, city, state)	Recipient identifier

Diagnostic testing for recipient(s)

Recipient identifier	Date of collection	Date of testing (for recipient)	Specimen (for recipient)	Test type (for recipient)	Overall result (for recipient)	Testing facility (name, city, state)

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