

Hemovigilance Module

TTI Rapid Alert Form

Data Field	Instructions for Form Completion
Facility ID#	Required. The Facility ID number will be auto entered by NHSN.
Reporter Name	Required. Select the name of the facility's personnel that will be completing and submitting the form.
Medical Record #	Required. Enter the medical record number or other facility alphanumeric identification code for the patient. <i>Note: Facility patient information is shared across NHSN Component. When an MRN is entered for a patient that has been previously entered for another NHSN event, the patient information will automatically populate. NHSN is HIPPA compliant; it is not recommended to devise a unique patient identifier for NHSN.</i>
State of Residence	Required. Select the state of residence for the patient.
Data Field	
Pathogen of interest has been detected:	Required to submit form. Select all suspected/ identified pathogen(s) that the facility is investigating. Box must be checked to indicate a pathogen has been detected. Form can be submitted as "Unknown" pathogen.
Patient received a transfusion in the 30 days prior to symptom onset or infection identification.	Required to submit form. Box must be checked to indicate patient received a transfusion in the 30 days prior to symptom onset or infection identification. If unsure on whether to report TTI, please contact the Hemovigilance Team at hemovigilance@cdc.gov .