



## TRANSFUSION-RELATED INFECTION REPORT

In order to insure the safety of the blood supply, all blood products transfusion-related infections must be reported to the Traceback and Notifications department of Héma-Québec. A traceback will be initiated concerning donors associated with the products transfused to the involved patient. I understand that Héma-Québec will initiate such a traceback and will send me conclusions as soon as the traceback is finished. Conclusions will also be sent to my patient.

**Infection in question :**  Hepatitis B  Hepatitis C  HIV  HTLVI-II  Other (specify) :

Surname (common name) : \_\_\_\_\_ First name: \_\_\_\_\_

Maiden name (name at birth) : \_\_\_\_\_ Sex :  F  M  Fr  Eng

Address: \_\_\_\_\_ Postal code : \_\_\_\_\_

Birthdate : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (dd-mm-yyyy) Tel : \_\_\_\_\_

Date of death (if applicable): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (dd-mm-yyyy)

External reference number (please specify): \_\_\_\_\_

**Has this patient ever given blood?**  Yes  No  Unknown **If yes, When(year)?** \_\_ **Where(city)?** \_\_\_\_

### Diagnostic and tests history

List all tests/diagnostic methods (please enclosed a copy)

<u>Date</u> (dd-mm-yyyy)	<u>Tests</u> (Elisa, Riba, other)	<u>Laboratory</u> (Name)	<u>Résultats</u> (Pos, Nég, Indéterminé)	<u>Copy</u>	
				Yes	No
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Completed by(signature): \_\_\_\_\_ Date : \_\_\_\_\_ (dd-mm-yyyy)

### Transfusions history

Hospitals where the patient received or believes to have received transfusions (List all known transfusions)

<u>Hospital</u>	<u>Year of transfusion</u>
_____	_____
_____	_____
_____	_____

Completed by (signature): \_\_\_\_\_ Date : \_\_\_\_\_ (dd-mm-yyyy)

### Identification of products transfused

Please fill in the form "transfused blood products list" (ENR-00941, ENR-00942) or join a complete list of all the blood donations transfused indicating : Blood group, donation number, products or components and the date of transfusion. Sign and date (the signature of the blood bank director or his designate is required).

**Signature :** \_\_\_\_\_ **Date :** \_\_\_\_\_ (dd-mm-yyyy)

### Réservé à l'usage d'Héma-Québec

Demandé par :  DSP  CH  Médecin  Patient  Autre : \_\_\_\_\_ Date : \_\_\_\_\_  
 Numéro d'enquête attribué : \_\_\_\_\_ Par : \_\_\_\_\_ Date : \_\_\_\_\_  
 Poursuivre l'enquête  Oui  Non (Signature chef) : \_\_\_\_\_ Date : \_\_\_\_\_  
 Envoyé à : (autre établissement) \_\_\_\_\_ Par : \_\_\_\_\_ Date : \_\_\_\_\_  
 ÉDA  S/O \_\_\_\_\_