

## Red blood cell units with rare blood groups accompanying form Receiving/requesting centre remarks

Study of the International Society of Blood Transfusion (ISBT) Rare Donor Working Party

**Institut für Klinische Transfusionsmedizin und Immungenetik Ulm gemeinnützige GmbH**

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**Blood bank personnel:** please forward the form together with the rare red blood cell unit.  
**Transfusing physician::** please fill out the form and send by fax to +49-731-150-602.

<p>Receiving Institution:</p>  <p>(To be completed by the receiving centre.)</p> <p>Receipt:</p> <p>Date:..... Time: .....</p> <p>Number of units received: .....</p>	<p>(To be completed by shipping centre.)</p> <p>Red blood cell with rare blood group (code)</p> <p>(1) ..... fresh <input type="checkbox"/> cryopreserved <input type="checkbox"/></p> <p>(2) ..... fresh <input type="checkbox"/> cryopreserved <input type="checkbox"/></p> <p>(3) ..... fresh <input type="checkbox"/> cryopreserved <input type="checkbox"/></p> <p>Shipping date:.....Time:.....</p> <p>Current number of shipment ...../.....(e.g. 04/2010)</p> <p>Infectious disease parameters investigated and negative: Anti-HIV <input type="checkbox"/>, HBsAG <input type="checkbox"/>, anti-HCV <input type="checkbox"/>, Anti-HBc <input type="checkbox"/>, Lues Test <input type="checkbox"/>, HIV NAT <input type="checkbox"/>, HCV NAT <input type="checkbox"/>.</p> <p style="text-align: center;">(Signature of blood bank personnel responsible for shipping)</p>
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**Please provide answers with regard to shipment and transfusion outcome:**

<p>Were the units received in acceptable condition? If no, what was the problem? Broken units: ..... Number: .....Other:.....</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Were the units received at the expected time? If no, what was the problem? .....</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Were the billing documents in order? Was the shipping address correct? If no, what was the problem? .....</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
<p>Were infectious disease parameters sufficient to allow transfusion?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Did your patient receive RBC units? If yes, number: ..... If not, why? .....</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>What is the diagnosis of your patient? Was the rise in Hb adequate? (.....g/dl ..... red blood cell units transfused.) Reasons for an inadequate rise in Hb (e.g. blood loss, hemolysis documented by laboratory parameters): .....</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Did the patient experience unwanted side effects? What is the most plausible cause for the side effect?.....</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Hospital/Ward</p>	<p>Date (day/month/year)</p>	<p>Signature of physician completing form (please print)</p>