These are decided by the doctor taking care of the patient right now in consultation with Transfusion Medicine.

TRALI Patient Data Form

Canadian Blood Services

1) To report a TRALI to CBS, contact your local CBS Distribution Centre and submit this form to your local CBS Distribution Centre. (Manitoba: Refer to the Manitoba Transfusion Reporting Algorithm).
2) Patient TRALI samples accompanied with a completed lab requisition (https://blood.ca/en/requisitions-and-forms) are to be sent to the National Platelet Immunology Reference Lab (NPIRL) directly or via your local CBS lab. NPIRL does not require this TRALI form.

1. CONTACT INFORMATION	
Patient Name or Initials:	
Identification Number:	Institution:
DOB (dd/mmm/yyyy):	Sex:
TRALI Date (dd/mmm/yyyy):	TRALI Time (hh:mm):
Physician Name:	Physician Contact:
Name & Contact of Person Completing Form (*if different than above*):	

2. INCLUSION CRITERIA (Must fulfill a, b AND c, otherwise TRALI investigation is NOT warranted)			
a) Reaction within 6 hours of transfusion	☑ Yes ☐ No		
b) New CXR Findings	☑ Yes ☐ No ☐ N/A	Bilateral Infiltrate	☑ Yes ☐ No
c) Hypoxemia	O_2 sat < 90 %	☑ Yes ☐ No ☐ Unknown	
	or pO_2 < 60 mm Hg	☐ Yes ☐ No ☐ Unknown	
	or PaO_2/FIO_2 < 300 mm Hg	☐ Yes ☐ No ☐ Unknown	

3. CLINICAL IMPRESSION OF TRALI REACTION	
Suspicion of TRALI Reaction:	Low suspicion (e.g. alternate diagnosis likely) ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 High suspicion (e.g. definite TRALI)
Severity of TRALI Reaction:	☐ Non-Severe ☐ Severe ☐ Life-threatening ☐ Death

4. PATIENT HISTORY			
Previous Transfusions	☐ Yes ☑ No ☐ Unknown	If yes, prior TACO? ☐ Yes ☐ No	Patient ABO:
Pregnancies/Miscarriages	☐ Yes ☐ No ☐ Unknown		
Describe Principal Diagnosis:	4 vessel CABG		

Underlying Clinical Conditions (mark all that apply):

- Lung disease: ☐ Pre-existing ARDS ☐ Pneumonia ☐ Aspiration ☐ Other (specify):
- Surgery: ☑ Cardiac Surgery ☐ Other (specify): Surgical Date (dd/mmm/yyyy):
- Miscellaneous: ☐ Trauma ☐ Massive Transfusion ☐ Sepsis ☐ Liver Disease ☐ Malignancy (specify):
- TACO Risk Factors: ☐ Heart Failure ☐ Prior Myocardial Infarction ☐ Renal Failure ☐ Chronic Anemia ☐ Daily Diuretic Use
- Other Conditions (specify):

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PATIENT NAME OR IDENTIFIER: _____

5. VITAL SIGNS (Please complete the following OR attach your local transfusion reaction reporting form)

	Pre-Transfusion Time (hh:mm): 10:00	At Time of Reaction Time (hh:mm): 11:00	Post-Transfusion (if applicable) Time (hh:mm):
Heart Rate:	88	127	
Blood Pressure:	90/50	82/42	
Temperature:	36.6		
Resp. Rate:	20-24	44	
O_2 Sat %:	95 ☑ On O_2 (FiO2): 5L NP	72 ☑ On O_2 (FiO2): 10L RB	☐ On O_2 (FiO2):

"At time of reaction" = the first set when you notice something is changing
"Post" = once things have stabilized or last set before patient is transferred

6. INVESTIGATIONS (Please complete the following if available AND/OR attach relevant reports)

	Pre-Transfusion	Post-Transfusion
Respiratory Status within 12 Hours	Please specify if status within past 12 hours was: ☑ Stable ☐ Improving ☐ Worsening ☐ Unknown Additional comments on clinical status 12 hours prior (e.g. oxygen requirements, clinical events, etc.):	*Not applicable*
Chest Imaging	☐ Not available ☐ If available, specify date/time: Please attach reports or describe findings:	☐ Not available ☑ If available, specify date/time: Please attach reports or describe findings: bilateral infiltrates
ECHO	☐ Not available ☐ If available, specify date/time: LVEF (%): Other findings:	☐ Not available ☐ If available, specify date/time: LVEF (%): Other findings:
BNP or NT-proBNP	☐ Not available ☐ If available, specify date/time: Test type: ☐ BNP ☐ NT-proBNP Result (specify): ☐ Normal ☐ Elevated	☐ Not available ☐ If available, specify date/time: Test type: ☐ BNP ☐ NT-proBNP Result (specify): ☐ Normal ☐ Elevated
Volume Status	☐ Normal ☑ Increased ☐ Decreased ☐ Unknown	☐ Normal ☐ Increased ☐ Decreased ☐ Unknown
24-hour Fluid Balance	☑ Positive ☐ Negative ☐ Unknown If positive or negative, specify volume: +1875	☐ Positive ☐ Negative ☐ Unknown If positive or negative, specify volume:
CBC	☐ White blood count ($x10^9$/L): 10 ☐ Neutrophils, absolute ($x10^9$/L): ☐ Not available	☐ White blood count ($x10^9$/L): 3.2 ☐ Neutrophils, absolute ($x10^9$/L): ☐ Not available
Other Findings		

These help to differentiate between TRALI and TACO

If a lot of fluid has been given to resuscitate, recalculate the fluid balance to the time this form is being completed

TRALI Patient Data Form

PATIENT NAME OR IDENTIFIER: _____ _____

7. TREATMENT AND RESPONSE

Diuretics	☐ Yes	☑ No	Effective?	☐ Yes	☐ No	☐ Unknown
Supplemental Oxygen (not intubated)	☑ Yes	☐ No				
Non-invasive ventilation (e.g. BiPAP)	☐ Yes	☑ No	Duration (hrs):			
Mechanical ventilation	☑ Yes	☐ No	Duration (hrs):	ongoing		
Other:						

8. OUTCOME AT TIME OF TRALI REACTION REPORT

Ongoing	☑ Yes	☐ No	Time since onset (hrs):	
Recovered	☐ Yes	☐ No	Time to recovery (hrs):	
Deceased	☐ Yes	☐ No	Date (dd/mmm/yyyy):	

If deceased: Death due to TRALI? ☐ Yes ☐ Contributing ☐ Uncertain ☐ No

If no or uncertain, indicate cause of death: _____

9. TRALI - IMPLICATED PRODUCTS/ UNITS (transfused within 6 hours of reaction)

Product Type	ABO	Donation/Pool Number	Date Transfused (dd/mmm/yyyy)	Start Time (hh:mm)	End Time (hh:mm)	Volume Transfused (mL) or (<25%, 25%, 50%, 75%, all)

10. HOSPITAL SAMPLE COLLECTION FOR PATIENT INVESTIGATION

Patient TRALI samples accompanied with a completed lab requisition (https://blood.ca/en/requisitions-and-forms) can be sent to the National Platelet Immunology Reference Lab (NPIRL) directly or via your local CBS laboratory. NPIRL does not require this TRALI form. For more information on sample submission, please visit https://www.blood.ca/en/laboratory-services/trali-investigation.

Please submit this completed TRALI Patient Date Form to your local CBS Distribution Centre
(Manitoba: Refer to the Manitoba Transfusion Reporting Algorithm)