Form 7.1: Notification of a Complication or an Adverse Reaction in a Blood Donor

Name of Blood Centre_____

Reported by_____ Donor Name_____ Donor ID_____

Date complication/adverse reaction occurred (day/month/year)_____

Type of donation: ☐ Whole Blood ☐ Plateletphaeresis ☐ Plasmaphaeresis ☐ Others (specify)

Type of Donor Complication or Adverse Reaction (s)	Severity Level			
	1	2	3	4
Vasovagal				
— Without loss of consciousness (LOC)				
— With loss of consciousness (LOC)				
Haematoma				
Arterial puncture				
Nerve injury				
Localized infection/inflammation				
— Thrombophlebitis				
— Cellulitis				
Deep venous thrombosis				
Arteriovenous fistula				
Compartment syndrome				
Brachial artery pseudoaneurysm				
Specific aphaeresis complications				
— Allergic reaction (generalized)				
— Anaphylactic reaction				
— Haemolysis				
— Air embolism				
— Citrate reaction				
— Infiltration				
— Hypotension (induced due to hypovolaemia)				
— Clotting				
Other reactions (specify)				

Remarks_____

Date complication/adverse reaction notified (day/month/year)_____