



## Suspected Transfusion Transmitted Infection Blood Product Worksheet

Facility where transfusions took place: \_\_\_\_\_

Identifying information: CDRSS# \_\_\_\_\_

Facility contact: \_\_\_\_\_

Unit#	Type of blood product	Date/time transfused	Name of Blood Supplier	<b>Screening Test Result</b> (CDS will complete this column) <ul style="list-style-type: none"> <li>• Positive/Reactive</li> <li>• Negative/Nonreactive</li> <li>• Not performed</li> </ul>