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| Practice name: | | Vet in charge of case: |
| Phone: | | Email: |
| Patient name: | | Breed: |
| Age: | Sex: | Blood type (if known): |
| Previous pertinent medical conditions: | | |
| Nature of illness that led to the decision to use a transfusion product: | | |
| Unit ID number: | | |
| Product (delete as appropriate):  Packed Red Blood Cells/Fresh Frozen Plasma/Frozen Plasma/Cryo-P/Cryo-S | | |
| Was a cross match performed?  Yes/No | | If yes, was it:  Major/Minor |
| Date and time product was transfused: | | Rate of infusion: |
| Describe nature of reaction (increased temperature, vomiting, diarrhea, collapse, etc.): | | |
| List and describe all treatments and dosages of any drugs: | | |
| Describe outcome of case: | | |