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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:  |