



6211 I-H 10 W at First Park Ten Blvd., San Antonio, TX 78201
 Tel. #: (210) 731-5500 / (800) 292-5534 ext. 2234, 2235 Fax #: (210) 249-4417
 Medical Director: Norman Kalmin, M.D. Associate Medical Director: Rachel Beddard, M.D.

BLOOD UTILIZATION REVIEW REPORT

Facility Name: _____
 Address: _____
 Tel #: _____ Submitted By: _____
 Medical Director: _____ Date: _____

Reporting Period (mm/yy to mm/yy): _____

Quality Indicators completed by Qualtex Laboratories/South Texas Blood & Tissue Center

See attached report QUALITY INDICATORS SUMMARY FOR BLOOD UTILIZATION REVIEW

Transfusion Data by Component	# Transfused	# Returned	# Discarded	% Discarded
Red Blood Cells (include directed)				
Autologous Red blood Cells				
Apheresis Platelets				
Fresh Frozen Plasma				
Other:				

Comments:

ADVERSE TRANSFUSION EVENT									
Component Type	Reaction Type (indicate # of cases under each event)								
	Acute Hemolytic	Delayed Hemolytic	Allergic	Febrile	Circulatory/ Fluid Overload	Transfusion Related Acute Lung Injury (TRALI)	Unknown	Other	Near Miss Events
Red Blood Cells (include directed)									
Autologous Red Blood Cells									
Apheresis Platelets									
Fresh Frozen Plasma									
Other:									

Comments:

TRANSFUSION RATES BY PHYSICIAN: (Transfusion rate = # Units Transfused ÷ Patient Encounters)				
Physician (Initials)	Component Type			
	Red Blood Cell Rate	Platelet Rate	FFP Rate	Other:

Comments:



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AUDIT of at least 5% or 30 (whichever is larger) TRANSFUSION CHARTS DURING REPORTING PERIOD

_____ % with signed informed consent present on chart

_____ % with signed order to transfuse present on chart

_____ % of transfusions that were NOT within institutional criteria for transfusion

Description of findings and actions of peer review for those transfusions that were NOT within institutional criteria for transfusion:

For STBTC/Qualtex Laboratories use only:

Corrective Action Needed? NO YES If YES, explain:

Review:

1. _____ Date: _____
Department Director Asst. Director Supervisor Designee

2. _____ Date: _____
 Medical Director Associate Medical Director