

**PROGENITOR CELL (HPC) TRANSPLANT RECORD**

*This form subject to the Privacy Act of 1974- Use blanket PAS DD FORM 2005*

**LABORATORY PRE-TRANSPLANT TESTING**

RECIPIENT NAME \_\_\_\_\_  
 RECIPIENT FMP/SSN \_\_\_\_\_  
 UNIT NUMBER \_\_\_\_\_  
 TYPE OF COMPONENT \_\_\_\_\_

**CLINICAL RECORD OF TRANSPLANT**

We certify that before starting the infusion we have checked key transfusion information and found all items to match:  1. Positive recipient identification  2. HPC/Unit Number/Expiration Date  3. I.V. Fluids is "Normal Saline"	AMOUNT INFUSED	
	DATE OF INFUSION	
	TIME STARTED	
	TIME COMPLETED	
	VITAL SIGNS	BEFORE                      AFTER
	TEMPERATURE	
	BLOOD PRESSURE	
Signature of witness	PULSE	
Signature of witness	REACTION	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Signature of Infusionist	WARD/UNIT

**EVALUATION OF SUSPECTED TRANSFUSION REACTION**

If reaction is suspected, IMMEDIATELY:  1. Discontinue infusion; treat shock if present, keep IV lines open.  2. Notify Physician, Progenitor Laboratory, and Transfusion Service.  3. Follow transfusion reaction procedures.  4. Return Progenitor bag, filter, IV sets to Transfusion Service (without needle)	<b>CLINICAL FINDINGS</b>	
	TRANSFUSION WORK-UP NOT REQUIRED	
	HIVES	SHOCK
	CHILL	PAIN (specify location)
	RASH	Other (specify below)
	DYSPNEA	
	NAUSEA	
	TIGHTNESS IN CHEST	
HEMATURIA		

SIGNATURE \_\_\_\_\_

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### **About the ITAOP/savePDF Method**

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

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 RECIPIENT FMP/SSN \_\_\_\_\_  
 UNIT NUMBER \_\_\_\_\_  
 TYPE OF COMPONENT \_\_\_\_\_

**CLINICAL RECORD OF TRANSPLANT**

We certify that before starting the infusion we have checked key transfusion information and found all items to match :

1. Recipient's ID band
2. HPC/Unit Number/Expiration Date
3. I.V. Fluids is **"Normal Saline"**

AMOUNT TRANSFUSED		
DATE OF INFUSION		
TIME STARTED		
TIME COMPLETED		
VITAL SIGNS	BEFORE	AFTER
TEMPERATURE		
BLOOD PRESSURE		
PULSE		
REACTION		
Signature of Infusionist		WARD/UNIT

Signature of witness

Signature of witness

**EVALUATION OF SUSPECTED TRANSFUSION REACTION**

If reaction is suspected, IMMEDIATELY:

1. Discontinue infusion; treat shock if present, keep IV lines open.
2. Notify Physician, Progenitor Laboratory, and Transfusion Service.
3. Follow transfusion reaction procedures.
4. Return Progenitor bag, filter, IV sets to Trans fusion Service Blood Bank (without needle)

CLINICAL FINDINGS		
TRANSFUSION WORK-UP NOT REQUIRED		
HIVES		SHOCK
CHILL		PAIN (specify location)
RASH	Other (specify below)	
DYSPNEA		
NAUSEA		
TIGHTNESS IN CHEST		
HEMATURIA		

SIGNATURE