



**National Institute of Biologicals**  
**Ministry of Health & Family Welfare, Govt. of India**  
**NATIONAL BLOOD DONOR VIGILANCE PROGRAMME**  
**(Haemovigilance Programme of India)**  
**Adverse Blood Donor Reaction Reporting Form**



Version-2

**A) Donor Information**

Donor Id \*: \_\_\_\_\_ Type of Donation\* **(a)** Whole Blood **(b)** Apheresis\_\_ (Platelets/Plasma/  
 Plasma + Platelets/RBC/Granulocyte/ Peripheral  
 Blood Stem Cells/ COVID-19 Convalescent Plasma)  
 Sex \* \_\_\_\_\_ (Male/Female/Other) Donor Type\* **(a)** Voluntary **(b)** Replacement **(c)** Family Donor  
**(d)** Autologous (First Time/Repeat)  
 Weight of Donor (kg) \* \_\_\_\_\_ Height of Donor (cm)\* \_\_\_\_\_ Site of Donation\* \_\_\_\_\_ (Blood Centre/Camp)  
 Age/ Date of Birth \* Yrs: \_\_\_\_\_ Month: \_\_\_\_\_ Days: \_\_\_\_\_ OR \_\_\_\_\_ Date of Donation \* \_\_\_\_\_  
 Pre-Donation Vitals\* Pulse: \_\_\_\_\_ per min BP (Systolic): \_\_\_\_\_ mmHg Time of Donation Hr \_\_\_\_\_ Min \_\_\_\_\_  
 BP (Diastolic): \_\_\_\_\_ mmHg

**B) Whole blood Details of Blood Collected/Apheresis Details of Blood Collected**

**(a) Whole Blood**  
 Lot No. of Blood Bag\* \_\_\_\_\_ Volume Collected (ml)\* \_\_\_\_\_  
 Manufacturer of Blood Bag\* \_\_\_\_\_ (Terumo Penpol Limited/Mitra Industries Pvt. Ltd/  
 HLL Lifecare Ltd/Fresenius Kabi AG/Fenwal Inc/Polymed/Other) Expiry Date of Blood Bag\* \_\_\_\_\_  
**(b) Apheresis**  
 Lot No. Kit\* \_\_\_\_\_ Expiry Date of Kit\* \_\_\_\_\_  
 Volume Collected (ml)\* \_\_\_\_\_

**C) Adverse Reaction Details**

Date and Time of reaction\* \_\_\_\_\_ Hr \_\_\_\_\_ Min \_\_\_\_\_ Type of Reaction\* \_\_\_\_\_ (Localised/Generalized/Both/  
 Other Reactions)  
 Vitals at the time of Reaction Pulse: \_\_\_\_\_ per min BP (Systolic): \_\_\_\_\_ mmHg Data Captured\* \_\_\_\_\_ (Onsite/Call back by donor/  
 Call back by Blood Centre)  
 BP (Diastolic): \_\_\_\_\_ mmHg Reaction Time\* \_\_\_\_\_ (Pre-Donation/During  
 Donation/After Donation)  
 Venipuncture Site\* \_\_\_\_\_ (Left/Right/Both) Injury\* \_\_\_\_\_ (Yes/No)  
 Venipuncture\* \_\_\_\_\_ (1/2/>2) Site of Reaction\* \_\_\_\_\_ (At Donation Site/  
 Outside Donation Site)  
 Donation Completed\* \_\_\_\_\_ (Yes/No)

**D) Type of Complications:\***

**Localised Complications**

- A1-Complications mainly characterized by the occurrence of blood outside the vessels**
  - (a)  Haematoma (bruise)
  - (b)  Arterial puncture
  - (c)  Delayed(bleeding/Re-bleeding)  (Within 30 minutes of Donation/After 30 minutes of Donation)
- A2-Complications mainly characterized by pain**
  - (a)  Nerve injury/irritation
  - (b)  Other Painful arm
- A3-Localised infection/inflammation along the course of a vein**
  - (a)  Thrombophlebitis
  - (b)  Cellulitis
- A4- Allergy (local): Itching and redness at the  (Venipuncture Site/Medical Adhesive Medicated Tape/Skin Disinfection Area)**
- A5-Other major blood vessel injury -Serious conditions needing specialist medical diagnosis and attention**
  - (a)  Deep venous thrombosis (DVT)
  - (b)  Arteriovenous fistula
  - (c)  Compartment syndrome
  - (d)  Brachial artery pseudoaneurysm



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**Generalized Complications**

**B1-Vasovagal reactions**

- |                                                   |                                                                                                |                                                               |                                            |
|---------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------|
| (a) <input type="checkbox"/> Generalized Weakness | (b) <input type="checkbox"/> Anxiety                                                           | (c) <input type="checkbox"/> Dizziness                        | (d) <input type="checkbox"/> Nausea        |
| (e) <input type="checkbox"/> Vomiting             | (f) <input type="checkbox"/> Pallor(skin and lips)                                             | (g) <input type="checkbox"/> Rapid Pulse                      | (h) <input type="checkbox"/> Convulsions   |
| (i) <input type="checkbox"/> Cold extremities     | (j) <input type="checkbox"/> Hyperventilation                                                  | (k) <input type="checkbox"/> Hypotension                      | (l) <input type="checkbox"/> Low Vol Pulse |
| (m) <input type="checkbox"/> Feeling of warmth    | (n) <input type="checkbox"/> Tetany                                                            | (o) <input type="checkbox"/> Loss of bowel or bladder control | (p) <input type="checkbox"/> Cyanosis      |
| (q) <input type="checkbox"/> Sweating             | (r) <input type="checkbox"/> Loss of Consciousness(LOC) <input type="text"/> (<60 Sec/>60 Sec) |                                                               |                                            |

**B2-Allergic reactions (Generalized)**

- |                                              |                                             |                                                                       |
|----------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------|
| (a) <input type="checkbox"/> Cyanosis        | (b) <input type="checkbox"/> Wheezing       | (c) <input type="checkbox"/> Flushing,swelling of eyes,lips or tongue |
| (d) <input type="checkbox"/> Chest tightness | (e) <input type="checkbox"/> Cardiac a rest |                                                                       |

**B3-Other serious complications related to blood donation**

- |                                                                                                         |                                                              |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| (a) <input type="checkbox"/> Acute cardiac symptoms(other than myocardial infarction or cardiac arrest) | (b) <input type="checkbox"/> Myocardial infarction(MI)       |
| (c) <input type="checkbox"/> Cardiac arrest                                                             | (d) <input type="checkbox"/> Transient Ischemic attack (TIA) |
| (e) <input type="checkbox"/> Death                                                                      |                                                              |

**Apheresis Complication Yes/No**

**C-Complications related to apheresis**

- |                                                                |                                                                                                   |                                           |                                         |                                           |
|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------|-------------------------------------------|
| (a) <input type="checkbox"/> Citrate reaction                  | <input type="checkbox"/> tingling/vibrations-lips,fingers                                         | <input type="checkbox"/> light-headedness | <input type="checkbox"/> Metallic taste | <input type="checkbox"/> Muscle twitching |
|                                                                | <input type="checkbox"/> Carpopedal spasm                                                         | <input type="checkbox"/> Shock            | <input type="checkbox"/> Cardiac arrest | <input type="checkbox"/> Tetany           |
|                                                                | <input type="checkbox"/> Prophylactic Calcium given before reaction <input type="text"/> (Yes/No) |                                           |                                         |                                           |
| (b) <input type="checkbox"/> Haemolysis during procedure       |                                                                                                   |                                           |                                         |                                           |
| (c) <input type="checkbox"/> Air embolism                      |                                                                                                   |                                           |                                         |                                           |
| (d) <input type="checkbox"/> Unable to return red cell(>200ml) |                                                                                                   |                                           |                                         |                                           |

**Other Complication**

**D-Other Reactions** Please Specify \_\_\_\_\_

**Outcome\***  Resolved on donation site  Resolved on follow up  Recovered with Sequelae  
 Permanently disabled  Death following the adverse reactions  Unknown

**Imputability\***  Definite (Certain)  Probable (Likely)  Possible  
 Unlikely (Doubtful)  Excluded

**Any Other Information or Predisposing Factors for Submitted Reactions:**

**Reporter** ..... **Date of Report** .....

**Denominator Data about All Donor**

**Total Donation in the month (of reporting)**

Whole blood

**Volume of donation (Total)\*** No. of 350 ml bags  No. of 450 ml bags

Apheresis if apheresis

RBC	<input type="text"/>	Platelets	<input type="text"/>	Plasma	<input type="text"/>
Plasma+Platelets	<input type="text"/>	Granulocyte	<input type="text"/>	Peripheral Blood Stem Cells	<input type="text"/>
COVID-19 Convalescent Plasma	<input type="text"/>				

**Gender of Donor(Total)\*** Male  Female  Other

**Type of Donation(Total)\*** Voluntary  Replacement  Family Donor  Autologous

**Donor Types(Total)\*** First-Time Donors  Repeat Donors

**Site of Donation(Total)\*** Blood Centre  Camp