

HLA/HPA Selected Platelet Report



Recipient Name: _____

Date of Birth: _____

Hospital/Facility: _____

Instructions: For all products received under the HLA/HPA program (see key at bottom of this form):

- 1. Please complete all sections of this form and fax back to 1-833-260-6786**
- 2. This form/report can be used for ongoing tracking of recipient transfusion increments by adding the dates and all other relevant information related to the above noted recipient**

Product	Unit Number	Disposition	Pre-count (Note date & time)	Post-count (Note date & time)
<input type="checkbox"/> HLA <input type="checkbox"/> HPA		<input type="checkbox"/> Transfused <input type="checkbox"/> Discarded <input type="checkbox"/> Used - Other		
<input type="checkbox"/> HLA <input type="checkbox"/> HPA		<input type="checkbox"/> Transfused <input type="checkbox"/> Discarded <input type="checkbox"/> Used - Other		
<input type="checkbox"/> HLA <input type="checkbox"/> HPA		<input type="checkbox"/> Transfused <input type="checkbox"/> Discarded <input type="checkbox"/> Used - Other		
<input type="checkbox"/> HLA <input type="checkbox"/> HPA		<input type="checkbox"/> Transfused <input type="checkbox"/> Discarded <input type="checkbox"/> Used - Other		
<input type="checkbox"/> HLA <input type="checkbox"/> HPA		<input type="checkbox"/> Transfused <input type="checkbox"/> Discarded <input type="checkbox"/> Used - Other		
<input type="checkbox"/> HLA <input type="checkbox"/> HPA		<input type="checkbox"/> Transfused <input type="checkbox"/> Discarded <input type="checkbox"/> Used - Other		
<input type="checkbox"/> HLA <input type="checkbox"/> HPA		<input type="checkbox"/> Transfused <input type="checkbox"/> Discarded <input type="checkbox"/> Used - Other		
<input type="checkbox"/> HLA <input type="checkbox"/> HPA		<input type="checkbox"/> Transfused <input type="checkbox"/> Discarded <input type="checkbox"/> Used - Other		

Key	
Product	HLA or HPA unit tagged for recipient
Transfused	Transfused to intended recipient - Please complete pre/post counts
Discarded	Unit expired or was identified as TRALI risk and recipient did not require transfusion
Used - Other	Product not transfused to identified recipient - tag removed and unit placed in inventory
Pre/Post Count	Document the pre/post platelet count and time the samples were drawn