

HEMOVIGILANCE AUTOMATED SYSTEM

Hospital User's Guide

VERSION 3.0

MINISTRY OF PUBLIC HEALTH

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Contents

CHAPTER I (GENERAL INFORMATION)
1.LOGON TO THE SYSTEM 5
2.HOME SCREEN
3.GENERAL DIRECTIONS 7
4.GENERAL PARTS OF THE SCREEN 8
5.LIST OF VALUES
6.Toolbar11
7.DATE FIELDS 12
8.SEARCHING FOR A SPECIFIC RECORD 14
9.UPDATE RECORDS OR CONFIRMING A FORM BY THE OFFICER 15
10.SHOW KEYS 16
CHAPTER II (HEMOVIGILANCE FORMS) 17
1.LOGON FORMS:
2.HV OFFICER SIGNATURE FORM 19
3.HEMOVIGILANCE DATA ENTRY FORM BY FACILITY 20
CHAPTER III (HEMOVIGILANCE REPORTS)
1.4 Nbr of Incidents by Age and Gender
1.5 Number of Recipients with history transfusion or previous EIR
1.6 Breakdown of RRTs by place of transfusion
1.7 Number of incidents per month



1.8 Breakdown of EIRs by PSI type	.35
1.10 Breakdown of EIR per diagnostic category(per facility)	.36
1.12 Number and Type of EIR per health institution	.37
1.13 EIR Type per patient's gender	38
1.14 EIR Type per patient's age(5years increment)	.39
1.15 Number and type of EIR according to severity(by facility)	40
1.17 Distribution of EIR according to imputability (by facility)	41
1.19 Distribution of RARs according to the level of certainty (by facility)	.43
1.21 Breakdown of EIR per donor's gender	.45
1.22 Number of Incidents not Confirmed Yet	46

HEMOVIGILANCE System



Ministry of Public Health

chapter I (General Information)



1. Logon to the system

To enter the system and start using it:

- 1. Enter the given URL.
- 2. The following screen will appear:

Connect 🧟	
UserName: 📗	
Password :	
ACCEPT	CANCEL

- Type in the username, which is the name of the user that the system administrator has given you.
- Type your password
- Press the "Accept" button





2. Home screen

The Application main screen is shown in the below figure.





3. General Directions

- Some fields in the data entry form are mandatory and the form cannot be saved unless these fields are filled. Otherwise, the system will display a message indicating that the field is mandatory and the cursor will remain in place until a value is entered in the mentioned field. The message that appears on the screen is the following: "Mandatory field should be entered".
- To view all records stored in a particular table, press the button Enter Query (or F7) then press the button Execute Query button in case you want to cancel a query, press the button Cancel query (or ctrlQ):
- To move between fields, press the buttons TAB or ENTER.
- To move between the displayed records, you can use the up arrow or down arrow on the keyboard, or use the record navigation icons on the toolbar.



4. General parts of the screen

Screens differ from each other according to the operations to be performed through each screen, and the way information is displayed through it. But despite this difference, all screens consist of common parts as shown in the

Screen Name	lowing figure:	follbar
		Form Is Confirmed by OFFICER
	1.3 MEDICAL HISTORY Pregnancy,miscarriage,abortion C Yes No C unknown Transfusion History C Yes C No C unknown Allo-immunisation C Yes C No C unknown Providue Transfusion incident C Yes C No C unknown	
	1.4-Indication of Transfusion: Hb: g/dL PLT: g/L PT: sec PTT: 1.5-Place of Transfusion: C SUBGERY C MEDECINE C SYNECOLOGY C PEDIATRIC	sec
Fields	CICU CEMERGENCY ROOM COTHERS	
	Creating Transfusion BLOOD PRODUCT CFORMAT: DD-MM-YYYY HH24MI) (Time included in the Date of Transfusion: The Starting Time) C- Date of Incident CFORMAT: DD-MM-YYYY HH24MI) (Time included in the Date of Incident: The Time of Occurrace) C- Date of Incident CFORMAT: DD-MM-YYYY HH24MI) (Time included in the Date of Incident: The Time of Occurrace) C- Date of Incident CFORMAT: DD-MM-YYYY HH24MI) (Time included in the Date of Incident: The Time of Occurrace) C- Date of Incident CFORMAT: DD-MM-YYYY HH24MI) (Time included in the Date of Incident: The Time of Occurrace) C- Date of Incident CFORMAT: DD-MM-YYYY HH24MI) (Time included in the Date of Incident: The Time of Occurrace) C- Date of Incident CFORMAT: DD-MM-YYYY HH24MI) (Time included in the Date of Incident: The Time of Occurrace) C- Date of Incident CFORMAT: DD-MM-YYYY HH24MI) (Time included in the Date of Incident: The Time of Occurrace) C- Date of Incident CFORMAT: DD-MM-YYYY HH24MI) (Time included in the Date of Incident: The Time of Occurrace) C- Date of Incident CFORMAT: DD-MM-YYYY HH24MI) (Time included in the Date of Incident: The Time of Occurrace) C- Date of Collection of the product CFORMAT: DD-MM-YYYY HH24MI) (Time included in the Date of Incident: The Time of Occurrace) C- Date of collection of the product CFORMAT: DD-MM-YYYY H124MI) (Time included in the Date of Incident: The Time of Occurrace) C- Second Collection of the product CFORMAT: DD-MM-YYYY H124MI)	
	3-CLINICAL SYMPTOMS IN RECIPIENT FEVER COUGH NAUSEA PRURITIS PAIN HYPERTENSION DISPNEA VOMITING RASH OTHER CLINICAL SYMPTOMS CHILLS SHORTNESS OF BREATH DIARRHEA ERYTHEMA Increased heart rate CADIAC OVERLOAD	
	General Investigation Entervalue for PATIENT DATE OF BIRTH	
	Record: 18/16 <	
Nbr of Records		System's messa



5. List of Values

List of values are small screens that are associated with a few fields, and contain values from which to choose.

The list of values window is shown below for the blood product responsible of the incident:

		Find %
list of values	TRANSFUSION BLOOD PRODUCT 2.1- Date of Transfusion (FORMAT: DD-MM-YY)	CODE description WBLR Whole Blood leukocyte reduced
Button (arrow)	2.3 Cloud Product Responsible of the incident 2.4 Is the blood product? Autologus Homologous	PBCLR Packed red blood cells leukocyte reduced RBCLRS Packed red blood cells leukocyte reduced with additive solution WRBC Washed packed red blood cells PTAPLR Platelet concentrate leukocyte reduced collected by apheresis
list of	2.5- Date of collection of the product Gender of d 2.6- Number of the Unit Origin of L	I FFP Fresh Frozen Plasma , CP Cryoprecipitate ■FFPCPD Fresh Frozen Plasma cryoprecipitate depleted
window	CLINICAL SYMPTOMS IN RECIPIENT	GCAP Granulocytes collected by apheresis RBCLRET Packed Red Blood cells leukocyte reduced suspended in Fresh Frozen plasma for exchange transfusion UNK UNKNOWN

To show the list of values, you can either click on the list of values button (arrow) with the mouse or on the button **F9**.

The use of "%" in the search:

When the cursor is in a certain field, for example in the field "blood product responsible of the incident:" and you open the list of values: if you type the code (R%...) and press the ENTER button, all the codes that start with the letter "R" appear automatically:

Find R%

CODE	description
RBCLR	Packed red blood cells leukocyte reduced
RBCLRS	Packed red blood cells leukocyte reduced with additive solution
RBCLRET	Packed Red Blood cells leukocyte reduced suspended in Fresh Frozen plasma for exchange transfusion

But if you type the letter "A%", the list of values will appear empty because there is no code that starts with the letter "A":



Find A%

CODE description

When you open the list of values, three buttons appear at the bottom of the window:

Find %					
CODE	description				
WBLR	Whole Blood leukocyte reduced				
RBCLR	Packed red blood cells leukocyte reduced				
RBCLRS	Packed red blood cells leukocyte reduced with additive solution				
WRBC	Washed packed red blood cells				
PTAPLR	Platelet concentrate leukocyte reduced collected by apheresis				
FFP	Fresh Frozen Plasma				
CP	Cryoprecipitate				
FFPCPD	Fresh Frozen Plasma cryoprecipitate depleted				
GCAP	Granulocytes collected by apheresis				
RBCLRET	Packed Red Blood cells leukocyte reduced suspended in Fresh Frozen plasma for exchange transfusion				
UNK	UNKNOWN				
					
	Eind QK Cancel				

- **Find**: In case the user wants to search for the code for example. He types the letters of the code to be found up next to the word "Find" and then presses the "ENTER" button or the "Find" button. Thus, the desired code is found.
- **OK** : If the user wants to choose the code from the list directly, he can press on the "Ok" button, or he can double click on the row that he wants to choose.
- **Cancel**: If the user wants to cancel the order, he presses on the "cancel" button.



6. Toolbar

The toolbar is a set of icons designed to facilitate the work of the user. Below is a description of each button.





7. Date fields

• The format of the dates fields is: dd-mm-yyyy. So, the date should be entered as follows: day (two digits), month (two digits) and year (four digits); for example:02-02-2022.

You can also choose the date from the following calendar by pressing the button F9 on the keyborad.



When you push on the two buttons on the right sides, you can increment/decrement the year. <u>June 2022</u> When you push on the two buttons on the left sides, you can increment/decrement the month. <u>June 2022</u>

In some date fields, the format includes the time and it is mentioned next to the field. For example in the data entry form, the transfusion date and the incident date should include the time. The date format is as follows: 'DD-MM-YYYY HH24:MI'

2.1- Date of Transfusion 01-01-2022 11:20 (FORMAT: DD-MM-YYYY HH24:M) (Time included in the Date of Transfusion: The Starting Time) So, it should be entered as follows: day (two digits), month (two digits) and year (four digits), 1 space(), hours (2 digits), minutes (2 digits). for example:02-02-2022 11:20.

Different types of errors may appear when entering the date:

Sometimes a message appears saying that there is an error when entering the date, because in addition to checking the date format, it makes sure that the date is acceptable.

For example it does not accept a date 30/2/2000 because the month of February does not consist of thirty days.



This is in addition to the special restrictions set in the system, which lead to a message reported by the system.

For example, in the data entry form, if the date of the incident is less than the date of the transfusion, an error message is displayed by the system.



8. Searching for a specific record

One of the most important advantages of the database is that the user can search for and find any record within a few seconds.

After saving a form in the database, there may be a need to query for it in order to update it or confirm it by the officer. Therefore, a specific record can be searched and found if we have any information about that record. Here are the steps to do so:

- 1. Go to the form to inquire about the record
- 2. Click on the request query icon **2** or onF7, then you will notice that the fields are blank
- 3. Enter the available information about the record to be queried. For example, if you know the sequential number enter it in the field designated for it.
- 4. Click on the Execute Query icon bor press the F8 to find the desired record
- 5. If the system finds more than one record that matches the search conditions, the user must navigate between records in order to find the required record

To find a record when a full field is not known

In case the user knows only a specific part of a field, he can write this part in addition to the % symbol before or after and press ENTER.

For example, if the user wants to inquire about the year of birth 2000, he should press on the request query icon (or F7), then enter the '%' sign before the year of birth, (ex: %2000) and press the execute query button (or F8). All the form containing the year of birth 2000 appears on the screen. Then the user can use the next and previous arrows to view all records found by the system.

When does a query fail?

In case there is no record found by the system regarding the search criteria entered by the user, a message is displayed stating that "Query caused no records to be retrieved"



9. Update records or confirming a form by the officer

After completing the process of entering and saving the data, the need to update this data may arise for the non-confirmed forms only (or the officer may want to search for a specific form to confirm it).

In order to update a record, the user should perform the following steps:

- 1. Go to the appropriate screen to change/confirm the record
- 2. Search for the record that you want to update using the aforementioned steps (pressF7, F8)
- 3. Make the required changes in the necessary fields .
- 4. Press the save data button to save the changes made
- 5. Press the exit button from the screen When the changes are finished.

In order to confirm a form, the officer should perform the following steps:

- 1. Go to the appropriate screen to confirm the form.
- 2. Search for the form that you want to confirm using the aforementioned steps (pressF7, F8)
- 3. Press on button confirm on the bottom of the screen.
- 4. Press the exit button from the screen \mathbf{W} When you finish.





10. Show keys

(eys		X
Function	Key	<u> </u>
Clear Block	Shift+F5	
Clear Field	Ctrl+U	
Clear Record	Shift+F4	
Count Query	Shift+F2	
Display Error	Shift+F1	
Edit	Ctrl+E	
Enter Query	F7	
Execute Query	F8	
Function 0	Shift+Ctrl+F10	
Function 1	Shift+Ctrl+F1	
Function 2	Shift+Ctrl+F2	
Function 3	Shift+Ctrl+F3	
Function 4	Shift+Ctrl+F4	
Function 5	Shift+Ctrl+F5	
Function 6	Shift+Ctrl+F6	
Function 7	Shift+Ctrl+F7	
Function 8	Shift+Ctrl+F8	
Function 9	Shift+Ctrl+F9	
List of Values	F9	
List Tab Pages	F2	
Next Field	Tab	
Previous Field	Shift+Tab	
Print	Shift+F8	-

Entering the window

Entering the aforementioned window is carried out by choosing" show keys" in the menu below:

APPLICATION: HEMOV USER: HEMOV_HDF DATE: 05-06-2022					
EILE H	EMOVIGILAN	NCE FORM DATA ENTRY	REPORTS	EXIT	<u>W</u> indow
Change	e Password	MENU [HEMOV001]			
Officer	Signature				
Show K	(eys				
Exit					
Change Officer S Show K Exit	e Password Signature Ceys	MENU [HEMOV001]			

The keys shown above can be used by the user in order to facilitate his work, instead of selecting each time the icons from the toolbar.

HEMOVIGILANCE System



Ministry of Public Health

Chapter II (HEMOVIGILANCE FORMS)



1.Logon Forms:

🙀 Connect		_ 🗆 ×
UserName:		
Password :		
ACCEPT	CANCEL	

HEMOV	000
AFFEIGATIC	
	ACCEPT CANCEL

Choose "Change Password" from the File menu.

E	ILE	HEMOVIGILANO	CE FORM DATA ENTRY	REPORTS	EXIT	Window
٩	<u>C</u> ha	ange Password	MENU [HEMOV001]			

The following screen appears:

🙀 Change Password [HEMO	V016]	
Enter old Password Enter New Password Confirm New Password		
Confirm	Cancel	

Enter your old and new password.



2.Hv Officer Signature Form

THE REPORT OFFICER SIGNATURE [HEMOV017]
Enter your Code 🔹
Enter Your Signature Confirm Your Signature Confirm Cancel
Forgot your Signature? Send it by Email

Entering the screen:

Home Screen > File > Officer Signature

Screen function:

Entering the Officer Signature or resending his signature by email in case he forgot it.

The HV officer can enter his signature just once.

The length should me max 10 characters (alphanumeric) In case the Officer forgot his password, he can resend it to himself by email when pressing on button "Forgot your Signature? Send it by Email". He will receive the following email:

your	hemovigilance signature
Н	Hemov@moph.gov.lb $5 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $
	your hemovigilance signature is: jiji
	← Reply → Forward





3.Hemovigilance data entry form by facility

VET HANNSUSION INCIDENT RELATED TO RECIPIENT (HEMOVOUS)
1-Dote of bith 1-01-2010 Age 12-44 FACILITY CODE ARZ YEAR 2022 SEQUENTIAL NBR[11 Form Is Confirmed by OFFICER
12-Oender G MALE C FEMALE F FACILITY NAME arz-zalka
1.3 MEDICAL HISTORY
Pregnancy,miscariage,abortion C Yes C No C unknown
Iransfusion History CYes CNo Cunknown
Alici-Inmunisation C Yes C No C unknown
Previous Transfusion Incluent C yes C No C Unknown If Yes, number of TR:
1.4-Indication of Transfusion: Hb: g/dL PLT: 10 ⁹ /L PT: % PTT: sec Diagnosis
1.5-Place of Transfusion: © SURGERY C MEDECINE © GYNECOLOGY C PEDIATRIC I
2. TRANSFUSION BLOOD PRODUCT
2.1- Date of Transfusion 01-01-2022 00:00 (FORMAT: D0-MM-YYYY HH24M) (Time included in the Date of Transfusion: The Starting Time) Blood Unit Expiry Date: 01-01-2022
2.2- Date of Incident: 01-03-2022 00:00 (FORMAT: DD-MM-YYYY HH24.M) (The included in the Date of Incident. The Time of Occurence)
2.3- Blood Product Responsible of the incident WBLR & Whole Blood leukocyte depleted
2.4-Transformation and qualification FIRRADIATED CMV NEGATIVE RH-KELL phenotyped Extended RBC Phenotyped WASHED
2.5- Date of collection of the product 01-05-2022 Gender of donor © MALE C FEMALE C UNKNOWN
2.6- Number of the Unit 1 Origin of units R1 ➡ Military Hospital - Badaro Details:
3-CLINICAL STMP I OMS IN RECIPIENTI
THYPERTENSION IF DYSPNEA I VOMITING RASH OTHER CLINICAL SYMPTOMS
PAN COLORISATION CONTRACTOR CONTRACTOR CONTRACTOR
4.1-Transfusion incident ANAR Anaphylactic reaction.
Y Alter Grant
in vurei, operani
4.2-Levelot Certainty: C Possible C Likely C Certain C Dont Know
4.3-Imputability: (* Non Evaluable (NE) C Excluded C Possible C Likely C Certain
omei maease nariumkurevingii ma mahlinala
5- LABORATORY INVESTIGATION
Post-transfusion Hb level 3.00 g/dL Herroglobinuria C Yes (• No C Not Done
Post-transfusion Plattets count 10.00 10 ⁹ /L Occurrence of allo-antibodies © Yes © No
Uccurence of Positive serological marker C Yes 🔹 🗠 No
Other hemolysis marker C Pos C Neg C Not Done
Pre Transfusion DAT C Pos C Neg C Not Done Post Transfusion DAT C Pos C Neg C Not Done
Pre Transfusion IAT C Pos C Neg C Not Done Post Transfusion IAT C Pos C Neg C Not Done
Pre Transfusion Cross Match C Pos ⓒ Neg C Not Done Post Transfusion Cross Match C Pos ⓒ Not Done
Haptoglobin Level g/L Normal Range 0 - 0
Blood Culture Patient G Pos C Neg C Not Done Results
Blood Culture Unit C Pos C Neg C Not Done Results
Sat PO2 C Done C Not Done Results
Pre iransiusion bioop vroup Patient (Lone (* NotUone Kesults
Post Transfusion Blood Group Patient C Done C Not Done Results
Pre Transfusion Blood Group Unit C Done C Not Done Results
PostTransfusion Blood Oroup Unit C Done C Not Done Results
Others
6- OTHER INVESTIGATION
Defective Material: C Yes C No Specify.
Seven IT OF Incansposition INCIDENT Owned Unical manifestation. Conserver Clare threatening C Death
Site Sector Sector Contraction of Sector Sec
A series
8- PREVENTIVE MEASURES
C Mar C La KYAS Bankt
Serious Transfusion incident that might impact another recipient. Yes G No C Unknown
s KEMAKKS AND CUNCLUSIUNS
CREATED BY USER
Created by USERNAME : HEMOV ARZ
Creation Date. 110-00-2022
Creation Date - 10-00-2022
10- SIGNATURE OF HV OFFICER



Entering the screen

Home Screen > <u>Hemovigilance data entry form > Hemovigilance data entry</u> form by facility

screen function

Data entry of the "TRANSFUSION INCIDENT RELATED TO RECIPIENT (DATA TO REPORT ON LINE)" by facility.

➤ <u>The facility code</u>

It is automatically displayed by the system according to the username who logged on to the system, because each username has access to a specific facility. It is composed of 3 characters.

> <u>The Year</u> :

It is automatically displayed by the system, according to the current year. It is composed of 4 digits.

> <u>The sequential nbr</u>:

It is generated when the user saves the data filled in the form.

In fact, the system reads the maximum sequence nbr of the facility and for the current year and increment it by 1

The user is not allowed to delete an incident already saved and given a sequential nbr but he can update the data already filled for the sequential nbr.

> <u>The Date of birth :</u> Mandatory

Its format is 'DD-MM-YYYY' It should be <= current date.

► <u>The Gender</u>: Mandatory

The user should choose Male or Female.

1.2-Gender O MALE O FEMALE

The Pregnancy, miscarriage, abortion and Transfusion history and <u>Allo immunisation</u>: Mandatory

The user should choose yes <u>or</u> No <u>or</u> unknow,

> <u>Previous Transfusion incident</u>: Mandatory

The user should choose Yes, No or Unknown.

In case he chooses Yes, he should fill the number of Previous Transfusions.

Previous Transfusion incident 🔿 Yes 📀 No 🔿 Unknown If Yes, number of TR: 🛛



Indication of Transfusion: NOT Mandatory.

The following fields can be filled:

1.4-Indication of Transfusion: Hb: g/dL PLT: 10⁹/L PT: % PTT: sec Diagnosis:

> Place of Transfusion: Mandatory

One of the below fields should be chosen. In case the Place of transfusion is not one of places displayed below, the user can check the radio button "OTHERS" and then fill the Place of Transfusion in the field next to it.

.5-Place of Transfusion: O SURGERY O MEDECINE		C MEDECINE	C GYNECOLOGY	O PEDIATRIC
	O ICU	C EMERGENCY ROOM	C OTHERS	TRANSFUSION_PLACE_OTHERS

Date of Transfusion: Mandatory

2. TRANSFUSION BLOOD PRODUCT

2.1- Date of Transfusion TRANSFUSION_DATE (FORMAT: DD-MM-YYYY HH24:MI) (Time included in the Date of Transfusion: The Starting Time)

Its format is 'DD-MM-YYYY HH24:MI' It should be <=current date. The user can press on button F9 to select the date from the calendar.

Blood Unit Expiry Date: NOT Mandatory

Blood Unit Expiry Date: 01-01-2022

Date of Incident: Mandatory

2.2- Date of Incident: INCIDENT_DATE (FORMAT: DD-MM-YYYY HH24:MI) (Time included in the Date of Incident: The Time of Occurence

Its format is 'DD-MM-YYYY HH24:MI'

It should be <=current date.

The user can press on button F9 to select the date from the calendar.

> <u>Blood Product responsible of the incident</u>.: Mandatory

The user should press on the arrow \square or on button F9 and select from the following list of values.



<u>يح</u> ا بحد		
2005	description	
WBLR	Whole Blood leukocyte reduced	
RBCLR	Packed red blood cells leukocyte reduced	-
RBCLRS	Packed red blood cells leukocyte reduced with additive solution Washed packed red blood cells	
PTAPLR	Platelet concentrate leukocyte reduced collected by apheresis	-
FP	Fresh Frozen Plasma	
CP FERCED	Cryoprecipitate Fresh Frozen Plasma cryonrecipitate denleted	
GCAP	Granulocytes collected by apheresis	
RBCLRET	Packed Red Blood cells leukocyte reduced suspended in Fresh Frozen plasma for exchange transfusion	
The rec	ord selected will be displayed as follows:	
2.3- Blood Pr	oduct Responsible of the incident PTAPLR 🕴 Platelet concentrate leukocyte reduced collected by apheresis	
n case	it is unknown, the user chooses "UNKNOWN" from the list of	
values:		
.3- Bloo	d Product Responsible of the incident UNK 🛛 😽 UNKNOWN	
<u>2.4-Tr</u> he user	ansformation and qualification.: Mandatory can choose one of them.	
2.4-Tr he user 2.4-Transfo	ansformation and qualification.: Mandatory can choose one of them.	U WASH
2.4-Tr he user 2.4-Transfo 2.5- D	ansformation and qualification.: Mandatory can choose one of them. rmation and qualification [] IRRADIATED [] CMV NEGATIVE [] RH-KELL phenotyped [] Extended RBC Phenotyped ate of Collection of the product.: Mandatory	U WASH
2.4-Tr he user 2.4-Transfc 2.5- D 2.5	ansformation and qualification.: Mandatory can choose one of them. rmation and qualification [IRRADIATED] CMV NEGATIVE RH-KELL phenotyped] Extended RBC Phenotyped ate of Collection of the product.: Mandatory 5- Date of collection of the product] 01-04-2022	U WASH
2.4-Tr he user 2.4-Transfo 2.5- D 2.5 Its	ansformation and qualification can choose one of them. Imation and qualification [IRRADIATED [CMV NEGATIVE RH-KELL phenotyped Extended RBC Phenotyped ate of Collection of the product .: Mandatory 5- Date of collection of the product [01-04-2022] format is 'DD-MM-YYYY'	☐ WASH
2.4-Tr he user 2.4-Transfo 2.5- D 2.5 Its	ansformation and qualification.: Mandatory can choose one of them. mation and qualification □ IRRADIATED □ CMV NEGATIVE □ RH-KELL phenotyped □ Extended RBC Phenotyped ate of Collection of the product.: Mandatory 5- Date of collection of the product 01-04-2022 format is 'DD-MM-YYYY' hould be <=current date	T WASH
2.4-Tr he user (2.4-Transft 2.5- D 2.5 Its Its	ansformation and qualification.: Mandatory can choose one of them. rmation and qualification [IRRADIATED] CMV NEGATIVE RH-KELL phenotyped] Extended RBC Phenotyped ate of Collection of the product.: Mandatory 5- Date of collection of the product] 01-04-2022 format is 'DD-MM-YYYY' hould be <=current date.	U WASH
2.4-Tr he user of 2.4-Transfo 2.5- Da 2.5 Its It s Th	ansformation and qualification.: Mandatory can choose one of them. mation and qualification [IRRADIATED CMV NEGATIVE RH-KELL phenotyped Extended RBC Phenotyped ate of Collection of the product.: Mandatory 5- Date of collection of the product 01-04-2022 format is 'DD-MM-YYYY' hould be <=current date. e user can press on button F9 to select the date from the calendar.	U WASH
2.4-Tr he user of 2.4-Transfo 2.5- D 2.5 Its Its Its Th Gender	ansformation and qualification.: Mandatory can choose one of them. mation and qualification IRRADIATED CMV NEGATIVE RH-KELL phenotyped Extended RBC Phenotyped ate of Collection of the product.: Mandatory 5- Date of collection of the product 01-04-2022 format is 'DD-MM-YYYY' hould be <=current date. e user can press on button F9 to select the date from the calendar. • of the Donor: Mandatory	T WASH
2.4-Tr he user 2.4-Transfo 2.5- Da 2.5- Its Its Th Gender The use	ansformation and qualification :: Mandatory can choose one of them. mation and qualification [IRRADIATED [CMV NEGATIVE RH-KELL phenotyped Extended RBC Phenotyped ate of Collection of the product :: Mandatory 5- Date of collection of the product 01-04-2022 format is 'DD-MM-YYYY' hould be <=current date. e user can press on button F9 to select the date from the calendar. • of the Donor: Mandatory er should choose Male or Female.	T WASH
2.4-Tr he user of 2.4-Transfo 2.5- D 2.5 Its Its Th Gender The use	ansformation and qualification :: Mandatory can choose one of them. imation and qualification [IRRADIATED [CMV NEGATIVE RH-KELL phenotyped Extended RBC Phenotyped ate of Collection of the product.: Mandatory 5- Date of collection of the product [01-04-2022] format is 'DD-MM-YYYY' hould be <=current date.	U WASH
2.4-Tr he user of 2.4-Transfo 2.5- Date 2.5- Date	ansformation and qualification :: Mandatory can choose one of them. rmation and qualification [RRADIATED [CMV NEGATIVE] RH-KELL phenotyped] Extended RBC Phenotyped ate of Collection of the product .: Mandatory 5- Date of collection of the product] 01-04-2022 format is 'DD-MM-YYYY' hould be <=current date.	T WASH
2.4-Tr he user 2.4-Transft 2.5- D 2.5 Its Its Th Gender The use 2.5- Date	ansformation and qualification :: Mandatory can choose one of them. Imation and qualification [IRRADIATED [CMV NEGATIVE RH-KELL phenotyped Extended RBC Phenotyped ate of Collection of the product ate of Collection of the product b- Date of collection of the product 01-04-2022 format is 'DD-MM-YYYY' hould be <=current date. e user can press on button F9 to select the date from the calendar. of the Donor : Mandatory er should choose Male or Female. of collection of the product [Oncome of the product Collection of the pr	U WASH
2.4-Tr he user of 2.4-Transfo 2.5- D 2.5- D 1ts 1t s Th Gender The use 2.5- Date	ansformation and qualification :: Mandatory can choose one of them. mation and qualification [RRADIATED [CMV NEGATIVE [RH-KELL phenotyped] Extended RBC Phenotyped ate of Collection of the product :: Mandatory b- Date of collection of the product] 01-04-2022 format is 'DD-MM-YYYY' hould be <=current date.	U WASH
2.4-Tr he user 2.4-Transfo 2.5- D 2.5 Its It s Th Gender The user 2.5- Date Numb The user	ansformation and qualification :: Mandatory can choose one of them. mation and qualification RRADIATED CMV NEGATIVE RH-KELL phenotyped Extended RBC Phenotyped ate of Collection of the product :: Mandatory 5- Date of collection of the product 01-04-2022 format is 'DD-MM-YYYY' hould be <=current date. e user can press on button F9 to select the date from the calendar. • of the Donor: Mandatory er should choose Male or Female. of collection of the product Content of donor MALE FEMALE CUNKNOWN er of Units: Mandatory • should enter the number of units.	U WASH
2.4-Tr he user 2.4-Transfo 2.5- D 2.5- D Its Its Th Gender The user 2.5- Date Numb The user	ansformation and qualification .: Mandatory can choose one of them. mation and qualification [IRRADIATED [CMVNEGATIVE [RH-KELL phenotyped] Extended RBC Phenotyped ate of Collection of the product :: Mandatory 5- Date of collection of the product] 01-04-2022 format is 'DD-MM-YYYY' hould be <=current date. e user can press on button F9 to select the date from the calendar. • of the Donor: Mandatory er should choose Male or Female. • of collection of the product] Gender of donor @ MALE _ FEMALE _ UNKNOWN • should enter the number of units.	☐ WASł



Origin of Units: Mandatory

The user should press on the arrow \checkmark or press on button F9 and select from the following list of values.

FACILITIES	x
A%	
Facilcode	Name
A1	facility1
A7	hotel dieu de france
1	▶
	إنغاء موافق

The record selected will be displayed as follows:

A1 🕹 facility1

Origin of units

In case it is unknown, the user chooses "UNKNOWN" from the list of values as follows:

Origin of units	A200 🖶 UNKNOWN
tails:	



> <u>3-Clinical Symptoms in Recipient</u>: Mandatory

The user should select one or more symptoms from the list of symptoms below. In case the symptom doesn't exist in the list below, the user should choose "OTHER CLINICAL SYMPTOMS" and enter one or two symptoms in the fields below it.

3-CLINICAL SYMPTOMS IN RECIPIENT

FEVER	□ COUGH ☑ DYSPNEA	☐ NAUSEA ☐ VOMITING	□ PRURITIS □ RASH	COLIGURIA CANURIA HYPOTENSION CYANOSIS URTICARIA BRONCHOSPASM
	SHORTNESS OF BREATH			
	CHEST PAIN	LUMBAR PAIN	C ICTERUS	

> <u>4-CLINICAL DIAGNOSIS:</u>

4- CLINICAL DIAGNOSIS			
4.1- Transfusion incident: ANAR Anaphylactic reaction.			
If Other, Specify:			
4.2- Level of Certainty: C Possible C Likely	C Certain	On't know	
4.3- Imputability: Non Evaluable (NE) C Excluded 	C Possible	C Likely	C Certain
Other disease that might explain the diagnosis			

> 4.1-Transfusion incident: Mandatory



. The user should press on the arrow \square or on button F9 and select from the following list of values.

transfusion indication

يحاث	%
	70

r	
CODE	description
AHTR	Acute hemolytic transfusion reaction, erythrocyte incompatibility.
FNHTR	Febrile non hemolytic transfusion reaction. (FNHTR)
NEII	Non erythrocyte immune incompatibility.
PTR	Platelet incompatibility/ refractoriness
AR	Allergic reaction.
ANAR	Anaphylactic reaction.
TRALI	Transfusion-Related Acute Lung Injury
AIMM	Alloimmunization
DHTR	Delayed hemolytic transfusion reaction/erythrocyte incompatibility.
GVHD	Graft versus host disease.
PTP	Post transfusion purpura.
TACO	Transfusion-Associated Cardiac Overload
NIHR	Non-immunological Hemolytic reactions.
ст	Citrate toxicity (hypocalcemia, hypomagnesemia)
HTH	Hypothermia
нк	Hyperkalemia
PTGE	Post transfusion Gas embolus
НҮРОТЕ	Hypotension
TRBI	Transfusion related bacterial infection
HYPERTE	Hypertension
IM	Immunomodulation
10	Iron overload or Hemochromatosis
INF	Infections
HBV	HBV
HCV	HCV
HIV	HIV-1/2
	HTLV-IIII Devictivity D40
	UMY-EDY Cynhilie
PLASM	Plaemodium
	T Momourant

The record selected will be displayed as follows:

4- CLINICAL DIAGNOSIS	
4.1- Transfusion incident: ANAR	Anaphylactic reaction.

In case the diagnosis doesn't exist in the list of values, the user can specify it in the following field "Specify":

4.1- Transfusion incident: ANAR Anaphylactic reaction.

<u>NB:</u> One of the above fields should be filled.



Level of Certainty: Mandatory

The user should choose one of the fields below:

4.2- Level of Certainty: C Possible C Likely C Certain

 O Don't know

Imputability: Mandatory

The user should choose one of the fields below:

4.3- Imputability: 💿 No	n Evaluable (NE) O Excluded	C Possible C Like	y Certain
-------------------------	-----------------------------	-------------------	-----------

> Other disease that might explain the disgnosis: Not Mandatory

The user should fill this field below in case of Other disease that might explain the disgnosis:

Other disease that might explain the diagnosis

> <u>5-LABORATORY INVESTIGATION</u>: Not Mandatory

- <u>Post-Transfusion Hb Level and Post-transfusion Platlets count:</u>

5- LABORATORY INVESTIGATION	I
Post-transfusion Hb level 3.00	g/dL
Post-transfusion Platlets count 10.00	10 ⁹ /L

The user can enter these two fields:



	1							
L	Hemoglobinuria	C Yes	⊛ No	C Not Done				
Л	Occurence of allo-antibodies	Yes	O No					
	Occurence of Positive serological marker	C Yes	No					
	Other hemolysis marker	O Pos	Neg	O Not Done				
	Pre Transfusion DAT	C Pos	O Neg	Not Done	Post Transfusion DAT 🔿 Pos	O Neg	Not Done	
	Pre Transfusion IAT	C Pos	Neg	O Not Done	Post Transfusion IAT 🔿 Pos	C Neg	Not Done	
	Pre Transfusion Cross Match	C Pos	Neg	C Not Done	Post Transfusion Cross Match 🔿 Pos	C Neg	Not Done	
	Haptoglobin Level		a/L	Normal Banga	0 0			
	risplogramme zeror	1	3	Normal Range	- 10			
		G Boo	Chier	C Not Dono	Desulte			
	Blood Culture Patient	·• F03	· Neg	1 NOL DOILE	Results			
	Blood Culture Unit	C Pos	O Neg	Not Done	Results			
	Cot DOD	C Dono		G Not Dono	Results			
	5a1F02	> Done		ve Not Done				
		-						
	Pre Transfusion Blood Group Patient	O Done		Not Done	Results			
	Post Transfusion Blood Group Patient	O Done		Not Done	Results			
					,			
	Pre Transfusion Blood Group Unit	C Done		Not Done	Results			
					1			
	Post Transfusion Blood Group Unit	C Done		Not Done	Results			

For Haptoglobin level: He can enter a number (g/l) and the Normal Range: from a certain number to a certain number (depending on the machine at each hospital)

For Blood Culture Patient: He should choose Pos or Neg or Not Done. In case he chooses Pos, he should fill the details field.

•••••

Others: In case of others, he should fill the last field called "Others".

➢ <u>6-OTHER INVESTIGATION:</u>

```
6- OTHER INVESTIGATION
```

HEMOVIGILANCE

System

Defective material:

The user can choose Yes or No. In case he chooses Yes, he should fill the field next to "Specify".

> <u>7-SEVERITY OF TRANSFUSION INCIDENT:</u> Mandatory

The user can choose ONE of the below fields. He can fill the field Explain in order to explain the severity of the transfusion incident.





7- SEVERITY OF TRANSFUSION INCIDENT

C Without Clinical manifestatio... C non severe

C severe C Life threatening

O Death

Explain: illness

> 8-PREVENTIVE MEASURES Mandatory

The user should choose Yes or No. In case he chooses Yes, he should fill the field next to Specify.

8- PREVENTIVE MEASURES

🔿 Yes 💿 No 🛛 If Yes, Specify:

Serious Transfusion incident that might impact another recipient: The user can choose Yes or No or unknown.

Serious Transfusion incident that might impact another recipient: O Yes 🛛 🕙 No 👘 O Unknown

REMARKS AND CONCLUSIONS: Not Mandatory

The user can nter his Remarks and conclusions.

9- REMARKS AND CONCLUSIONS

> <u>CREATED BY USER:</u>

The creation user name and date:

They are registered in the section "CREATED BY USER" when the user saves the form.

CREATED BY USER-

Created by USERNAME :	HEMOV_HDF
Creation Date :	06-04-2022

SIGNATURE OF HV OFFICER:

<u>The hospital's user</u> who has the username/password of the hemovigilance system can log on to the system and can fill the form and update it.

In order to send it to the MOPH, the **<u>HV officer</u>** should confirm it by pressing on the

Confirm button	below and entering his signature.
😨 Enter your Signature	
CONFIRM	CANCEL

The system checks if his signature is correct. It also checks if he's still working as an HV officer in the facility.

Otherwise, the following message appears: 'OFFICER NOT REGISTERED OR EXPIRED OR WRONG SIGNATURE!!'

The hospital's operator is not allowed to confirm the form.

Once the form is confirmed, it can't be updated anymore by the hospital.

When the HV officer confirms the form entered, his Username, his name, his mobile number and the confirmation date **are registered in the section "SIGNATURE OF HV OFFICER"**.

10- SIGNATURE OF H	IV OFFICER		
Confirmed by USERNAME :	HEMOV_HDF		Confirm
Confirmation Date :	01-06-2022		
Signed by HV offier :	OFFICER1	Officer Mobile Number: 03251789	

Once the confirmation is done, the check box "Form is Confirmed by OFFICER" is checked at the top of the screen, and an email is sent automatically to the MOH.

SEQUENTIAL NBR 16	Confirmed by OFFICER
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HEMOVIGILANCE System



Ministry of Public Health

Chapter III (HEMOVIGILANCE REPORTS)



1.4 Nbr of Incidents by Age and Gender

Report	OF THE RECEIV	/ERS [CM_SREPG]		
Report Name	HEMOV103		Orientation Portrait	<u> </u>
Report Title	AGE AND GENDE	R OF THE RECEIVERS	File Type	-
Criteria				
YEAR	2022	+		
LIST OF AGE BRA	CK L1	🖶 L1		
FACILITY CODE	HDF	↓ A7		
		4		
		4		
		+		
		4		
		+		
		4		_
		+		
	SCREEN	FILE EX	(CEL	

Log on to the report

Home Screen > Reports > Nbr of Incidents by Age and Gender

Report function

Through this screen, the Nbr of Incidents by Age and Gender is issued.

Report Criteria and Output

- Year (mandatory)
- List of Age Brackets (mandatory)
- Facility Code (mandatory)

Year	Age Bracket	Gender	Nbr of transfusion incidents
2022	0-5	Male	10
		Female	20
	0-25	Male	15
		Female	20





1.5 <u>Number of Recipients with history transfusion or previous EIR</u>

Report Name Report Title	HEMOV104 Number of Recipie	ents with history transfusio	Orientation File Type	Portrait 👻]]
Criteria					
Year of Transfusi	ion 2022	4			
Facility Code	HDF	↓ A7			
		4			
		<u>+</u>			
		4			
		Ŧ			
		4			
		+			
		*			

Log on to the report

Home Screen > Reports > Number of Recipients with history transfusion or previous EIR

Report function

Through this screen, the Number of Recipients with history transfusion or previous EIR is issued.

Report Criteria and Output

- Year (mandatory)
- Facility Code (mandatory)

Year	Nbr of Recievers
2022	100



1.6 **Breakdown of RRTs by place of transfusion.**

Breakdown of RR	Is by place of Transf	usion (departments) [(CM_SREPh]	
Report Name	HEMOV105		Orientation	ortrait 💌
Report Title	Breakdown of RRTs	by place of Transfusior	File Type	•
Criteria				
Year	2022	₽ 2022		
Facility code	HDF	₩ A7		
		<u>↓</u>		
		+		
		4		
		<u>+</u>		
		+		
		Ŧ		
	1			
	SCREEN	FILE EXCE	L	

Log in to the report

Home Screen > Reports > Breakdown of RRTs by place of transfusion

Report function

Through this screen, the Breakdown of RRTs by place of transfusion is issued.

Report Criteria and Output

- Year (mandatory)
- Facility Code (mandatory)

Year	Code	Transfusion Incident	place of tr ansfusion	nbr of trans fusi- si- on incidents
2022	AHTR	Acute hemolytic transfusion r eaction, erythrocyte incompat ibility.	GYNECOLOGY	2
	ANAR	Anaphylactic reaction.	SURGERY	3
	CMV-EBV	CMV- EBV	SURGERY	5
	HBV	HBV	GYNECOLOGY	3





1.7 Number of incidents per month.

Report	ants per month [CM_	SREPNJ		
Report Name	HEMOV106		Orientation Portrait	T
Report Title	Number of Incident	s per month	File Type	•
Criteria				
year	2022	₽ 2022		
Facility Code	HDF	↓ A7		
		+		
		+		
		4		
		+		
		+		
		4		
		*		
	SCREEN	FILE	EXCEL	

Log in to the report

Home Screen > Reports > Number of incidents per month

Report function

Through this screen, the Number of incidents per month is issued.

Report Criteria and Output

- Year (mandatory)
- Facility Code (mandatory)

Year	Incident Month	Nbr of transfusion incidents
2022	January	2
	February	2
	April	2
	Мау	13





1.8 Breakdown of EIRs by PSI type

Report Name	HEMOV107		Orientation	Portrait 🚽	
Report Title	breakDown of EIF	R per PSI type	File Type	· ·	
Criteria					
YEAR	2022	₽ 2022			
FACILITY cODE	HDF	4 7			
		4			
		4			
		*			
		* 			
		+			
		+			
		4			

Log in to the report

Home Screen > Reports > Breakdown of EIRs by PSI type

Report function

Through this screen, Breakdown of EIRs by PSI Type

<u>Report Criteria and Output</u>

- Year (mandatory)
- Facility Code (mandatory)

Year	Code	Transfusion Incident	Blood product type	nbr of transfusion incid ents
2022	HK	3.5- Hyperkalemia	Whole Blood leukocy te reduced	1
	PTGE	3.6- Post transfusion Gas embolus	Whole Blood leukocy te reduced	1
	PTP	2.4- Post transfusion purpura.	Packed red blood ce llsleukocyte reduce d	1
		OTHER TRANSFUSION INCIDENT1	Washed packed red b lood cells	1





1.10 Breakdown of EIR per diagnostic category(per facility)

Report Name	HEMOV109		Orientation Portrait	-
Report Title	Breakdown of Elf	R per diagnostic category	File Type	•
Criteria —				
Year	2022	Ŧ		
Facility Code	HDF	↓ A7		
		+		
		4		
		+		
		+		
		-		
		*		
		*		
		*		

Log in to the report

Home Screen > Reports > Breakdown of EIR per diagnostic category(per facility)

Report function

Through this screen, the Breakdown of EIR per diagnostic category(per facility) is issued .

<u>Report Criteria and Output</u>

- Year (mandatory)
- Facility Code (mandatory)

Year	Facil other codel	Facilit y Name	Code	Transfusion Inci dent	nbr of transfu sion incidents	% Per Facility
2022	HDF	facility1	AHTR	1.1- Acute hemolytic transfusion rea ction, erythrocy te incompatibili ty.	1	25.00
			HK	3.5- Hyperkalemia	2	50.00
				OTHER TRANSFUSIO N INCIDENT1	1	25.00
				Total	4	



1.12 <u>Number and Type of EIR per health institution</u>

Report Name	HEMOV110	Orientation Portrait	-
Report Title	Nbr and Type of EIR by Health Institution	File Type	-
Criteria —			
year	4		
facility code	4		
	4		
	4		
	*		
	+		
	4		

Log in to the report

Main screen > Reports > Number and Type of EIR per health institution

Report function

Through this screen, the Number and Type of EIR per health institution is issued.

<u>Report Criteria and Output</u>

- Year (mandatory)
- Facility Code (mandatory)

year	Health Institution	Transfusion Incident(EIR)	Nbr of transfusion incidents
	HDF	AHTR –	
		1.1- Acute hemolytic transfusion reaction, erythrocyte	
2022		incompatibility.	10





1.13 EIR Type per patient's gender

Report Name	HEMOV111		Orientation	Portrait	4
Report Title	Type per patient's	Type per patient's gender			<u>-</u>
- Criteria					
year	2022	₽ 2022			
Facility Code	HDF	4 7			
		1			
		4			
		+			
		*			
		*			
		L			
		1			
		· ·			

Log in to the report

Home screen > Reports > EIR Type per patient's gender

Report function

Through this screen, the EIR Type per patient's gender is issued.

<u>Report Criteria and Output</u>

- Year (mandatory)
- Facility Code (mandatory)

Yea	Patient Gende	Cod	Transfusion Incident	nbr of transfusi
r	r	e		on incidents
202	MALE	HK	3.5- Hyperkalemia	1
			OTHER TRANSFUSION INCIDENT1	1
		PTP	2.4- Post transfusion purpura.	1
		PTG E	3.6- Post transfusion Gas embolus	1
202 2	FEMALE	HK	3.5- Hyperkalemia	11
		PTP	2.4- Post transfusion purpura.	10





1.14 EIR Type per patient's age(5years increment)

Report Name	HEMOV112		Orientation	Portrait	-
Report Title	EIR Type per patie	ent's age	File Type		-
Criteria					
Year	2022	€ 2022			
Age Braket	L1	↓ L1			
Facility Code	HDF	₽ A7			
		4			
		4			
		4			
		4			
		4			
		4			
		4			

Log in to the report

Home Screen > Reports > EIR Type per patient's age(5years increment)

Report function

Through this screen, the EIR Type per patient's age is issued.

<u>Report Criteria and Output</u>

- Year (mandatory)
- Age Bracket (mandatory)
- Facility Code (mandatory)

_year	Age Group	Transfusion Incident(EIR)	Nbr of transfusion incidents
	0-5	AHTR –	
		1.1- Acute hemolytic transfusion	
2022		reaction, erythrocyte incompatibility.	100
		AIMM-	
		2.1- Alloimmunization	10
		ANAR-	
		1.6- Anaphylactic reaction	20
	5-10	AHTR –	
		1.1- Acute hemolytic transfusion	
		reaction, erythrocyte incompatibility.	10
	10-15	ANAR-	
		1.6- Anaphylactic reaction	50





1.15 <u>Number and type of EIR according to severity(by facility)</u>

Report Name	HEMOV113		Orientation File Type	Portrait	-
Report Inte	INDR AND TYPE O	FERACCORDING TO SEV	The Type	1	<u> </u>
Criteria					
YEAR	2022	₽ 2022			
FACILITY CODE	HDF	↓ A7			
AGE BRACKETS	L1	🖶 L1			
		4			
		4			
		1			
		4			
		1			
		1			
		4			

Log in to the report

Home Screen > Reports > Number and type of EIR according to severity

Report function

Through this screen, the Number and type of EIR according to severity is issued.

<u>Report Criteria and Output</u>

- Year (mandatory)
- Age Bracket (mandatory)
- Facility Code (mandatory)

- Year	Facili ty Nam e	Sever ity	Age Brac ket	Gen der	PSL Type	Place Of T ransf usion	Transf usion Incide nt Cod e	Transfusion Incident Des cr	nbr of tr ans fus ion in cid ent	% Per F acility
2022	facili tyl	Death	0-5	MAL E	Whole Bl ood leuk ocyte re duced	SURGE RY	НК	3.5- Hyperkalemia	1	33.33
		Witho ut cl inica l man ifest ation s	20- 25	MAL E	Fresh Fr ozenPlas ma	SURGE RY	AHTR	1.1- Acute hemolytic transfu sion reaction, erythrocy te incompatibility.	1	33.33
			20 - 25	FEM ALE	Cryoprec ipitate	SURGE RY	HK	3.5- Hyperkalemia	1	33.33





1.17 Distribution of EIR according to imputability (by facility)

Report Name	HEMOV114		Orientation	Portrait	-
Report Title	DISTRIBUTION OF E	IR ACCORDING TO IMPUT	File Type		•
Criteria —					
YEAR	2022	2022			
Facility Code	HDF	↓ A7			
Age Brackets	L1	↓ L1			
		4			
		4			
		+			
		+			
		+			
		4			
		4			

Log in to the report

Home Screen > Reports > Distribution of EIR according to imputability

Report function

Through this screen, the Distribution of EIR according to imputability is issued.

Report Criteria and Output

- Year (mandatory)
- Age Bracket (mandatory)
- Facility Code (mandatory)



HEMOVIGILANCE System

Y a r	Facil ity N ame	Imp uta bil ity	Age Br ack et	G e n d e r	PSL Type	Place Of T ransf usion	Transfu sion In cident Code	Transfusion Incident Descr	nbr of t raqnsfus ion inci dent	% per f acility
2 0 2 2	facil ityl	pos sib le	0-5	M A L E	Whole Blood leukocyte reduced	SURGE RY	НК	3.5- Hyperkalemia	1	33.33
			20- 25	M A L E	Fresh Froze nPlasma	SURGE RY	AHTR	1.1- Acute hemolytic tra nsfusion reaction, e rythrocyte incompati bility.	1	33.33
			20- 25	F E M L E	Cryoprecipi tate	SURGE RY	НК	3.5- Hyperkalemia	1	33.33



1.19 Distribution of RARs according to the level of certainty (by facility)

Report Name	HEMOV115	Orientation	Portrait	4
Report Title	DISTRIBUTION OF EIR ACCORDING TO level (File Type		<u>-</u>
Criteria				
year	ŧ			
Fcaility Code	+			
Age Brackets	+			
	+			
	+			
	4			
	+			
	+			
	4			
	4			

Log in to the report

Home Screen > Reports > Distribution of RARs according to the level of certainty

Report function

Through this screen, the Distribution of RARs according to the level of certainty is issued.

<u>Report Criteria and Output</u>

- Year (mandatory)
- Age Bracket (mandatory)
- Facility Code (mandatory)





Year	Faci lity Nam e	Level of C ertai nty	Age Br ack et	G e n d e r	PSL Type	Place Of Tra nsfusi on	Transfu sion In cident Code	Transfusio n Incident Descr	nbr of trans fusion incid ent	<pre>% per facility</pre>
2022	faci lity 1	DONT KNOW	0-5	M A L E	Whole Blood leukocyte re duced	SURGER Y	НК	3.5- Hyperkale mia	1	33.33
			20- 25	M A E	Fresh Frozen Plasma	SURGER Y	AHTR	1.1- Acute hem olytic tra nsfusion r eaction, e rythrocyte incompati bility.	1	33.33
			20- 25	F E M A L E	Cryoprecipit ate	SURGER Y	НК	3.5- Hyperkale mia	1	33.33





1.21 Breakdown of EIR per donor's gender

Report Name	HEMOV116	Orientation	Portrait 💌	
Report Title	(:Breakdown of EIR per donor's gender(pe	File Type	_	1
Criteria				
Year	4			
Facility Code	+			
	+			
	+			
	+			
	+			
	+			
	+			
	+			
	4			

Log in to the report

Home Screen > Reports > Breakdown of EIR per donor's gender

Report function

Through this screen, the > Breakdown of EIR per donor's gender is issued .

<u>Report Criteria and Output</u>

- Year (mandatory)
- Facility Code (mandatory)

Year	Donor Gender	nbr of transfusion incidents
2022	FEMALE	3
	MALE	16





1.22 Number of Incidents not Confirmed Yet

Report Name	HEMOV117	Orientation Portrait	-
Report Title	nbr of incidents not confirmed yet	File Type	•
Criteria			
Year	ŧ		
facility code	+		
	+		
	<u>+</u>		
	1		
	+		
	+		
	+		

Log in to the report

Home Screen > Reports > Number of Incidents not Confirmed Yet

Report function

Through this screen, the Number of Incidents not Confirmed Yet is issued .

Report Criteria and Output

- Year (mandatory)
- Facility Code (mandatory)

Year	Incident Date	Incident Seqnbr
2022	1/1/2022	16