



Report of Suspected Transfusion-Transmitted Infection

LifeSouth Community Blood Centers

For Internal Use Only

Case File Number:

Form Completed by (Name, Job Title):	Date Completed:
Facility:	
Patient Name:	Patient ID #:

Infection Type: Hepatitis B Hepatitis C HIV Other:

List the evidence that the patient is currently infected (include specific test information and test dates):

List the evidence that the patient was not infected prior to receiving blood transfusions (include specific test information and test dates):

FAX TO (352) 224-1778 • CONFIRM FAX RECEIVED AT (888) 795-2707
AFTER NORMAL BUSINESS HOURS (9AM TO 5PM ET, M-F) FAX TO (352) 334-1029 • CONFIRM FAX RECEIVED AT (352) 334-1028