Hemovigilance Module
TTI Rapid Alert Form

Data Field	Instructions for Form Completion
Facility ID#	**Required.** The Facility ID number will be auto entered by NHSN.
Reporter Name	**Required.** Select the name of the facility's personnel that will be completing and submitting the form.
Patient ID	**Required.** Enter the medical record number or other facility alphanumeric identification code for the patient. *Note: Facility patient information is shared across NHSN Component. When an MRN is entered for a patient that has been previously entered for another NHSN event, the patient information will automatically populate. NHSN is HIPPA compliant; it is not recommended to devise a unique patient identifier for NHSN.*
Date of Birth	**Required.** Enter the date of birth of the transfusion recipient.
Sex	**Required.** Select the sex of the transfusion recipient.
Medical Record #	**Required.** Enter the medical record number or other facility alphanumeric identification code for the patient. *Note: Facility patient information is shared across NHSN Component. When an MRN is entered for a patient that has been previously entered for another NHSN event, the patient information will automatically populate. NHSN is HIPPA compliant; it is not recommended to devise a unique patient identifier for NHSN.*
State of Residence	**Required.** Select the state of residence for the patient.
Data Field	
Pathogen of interest has been detected:	**Required to submit form.** Select all suspected/ identified pathogen(s) that the facility is investigating. Box must be checked to indicate a pathogen has been detected.
Patient received a transfusion in the 30 days prior to symptom onset or infection identification.	**Required to submit form.** Box must be checked to indicate patient received a transfusion in the 30 days prior to symptom onset or infection identification. If unsure on whether to report TTI, please contact the Hemovigilance Team at hemovigilance@cdc.gov.