

Hemovigilance Module Transfusion Transmitted Infection (TTI) Rapid Alert Form

***Required fields**

***Facility ID#:** _____ ***Reporter Name:** [Dropdown based on current Facility users] ***Patient ID:** _____

***Date of Birth:** ____/____/____ ***Medical Record #:** _____

***Sex:** ☐ M ☐ F ☐ Not Available/Missing ***State of Residence:** _____

* ☐ **Pathogen of interest¹ has been detected: [Multiselect Dropdown – Pathogens of Interest]**

* ☐ **Patient received a transfusion in the 30 days prior to symptom onset or infection identification**

¹Pathogens of Interest:

Viruses: Cache Valley virus, Colorado tick fever virus, Dengue virus, Eastern Equine Encephalitis virus, Hepatitis A virus, Hepatitis E virus, Japanese Encephalitis virus, Oropouche virus, Powassan virus, St. Louis encephalitis virus, Tick-borne encephalitis virus, Chikungunya virus, Yellow Fever virus, Zika virus.

Bacteria: *Acinetobacter baumannii*, *Anaplasma phagocytophilum*, *Brucella* spp., *Coxiella burnetii* (Q Fever), *Ehrlichia* spp., *Leclercia adecarboxylata*, *Rickettsia rickettsii*.

Parasites: *Babesia* spp., *Leishmania* spp., *Plasmodium* spp. (Malaria).

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS H21-8, Atlanta, GA 30333, ATTN: PRA (0920-0666).