Appendix

Questions regarding the completion of the CTAER Form should be directed to Cheryl Jacobs, Clinical Transfusion Practice Coordinator, Provincial Blood Coordinating Program at 709-729-5250 or cheryl.jacobs@gov.nl.ca

To obtain additional forms or manuals please contact:

Newfoundland and Labrador Provincial Blood Coordinating Program
Acute Health Services and Emergency Response Division
Department of Health and Community Services
P.O. Box 8700
West Block, Confederation Building
St. John’s, NL
A1B 4J6

Phone: 709-729-5250
Fax: 709-729-4009

This manual will be reviewed regularly. Comments will be forwarded for discussion at the review meeting with the Public Health Agency of Canada.
Follow the **Instructions** contained in the User’s Manual with the following exceptions:

**Section 1: RECIPIENT IDENTIFICATION**
When reporting information to the Newfoundland and Labrador Provincial Blood Coordinating Program (NL PBCP) do not report any patient identifiers such as the patient’s health card number, last name and first name. Identification shall be limited to:

- Date of birth
- Sex

Patient’s health card number, last name and first name are documented on the CTAER form for hospital use only.

**Section 5: SUSPECT PRODUCTS**
Unit No or Lot No. – Enter the supplier centre code followed by the six digit unit number of the blood component (e.g. 590-123456).
Comments – Enter the Plasma derived product names and codes as described in the User’s Manual as well as the brand name of Fractionation products administered. (eg. IVIG 10%, Gammunex.)

**Section 8: COMMENTS COMPLETED BY REPORTING SITE**
Comments – Remove any patient, donor, healthcare worker or hospital identifiers in comment text.

**Section 9: COMMENTS COMPLETED BY CBS**
Comments – Remove any patient, donor, healthcare worker or hospital identifiers in comment text.

**GENERAL INFORMATION:**

- **Correcting an Error.** In the event you need to make a correction on the form, mark a single line through the incorrect information, record initials and date next to the error and then make the correction.
- **When resubmitting a form** with additional information, add the new information and initial and date next to the new entry. Fax or mail the revised form. Identify where the new information has been added on the fax cover sheet or covering memo following the process outlined in the Provincial Adverse Reaction Reporting Algorithm. DO NOT complete a new form.
- **Forms with a unique identifier** at the top right corner must be used for reporting in order to allow reconciliation of reports between CBS and NL PBCP. This excludes forms found on websites.
Provincial Standard for Hospitals to Report Adverse Reaction To Blood / Blood Components and Plasma Derivatives In Newfoundland and Labrador

Report Adverse Reaction to Hospital Transfusion Medicine Laboratory (TML) to Initiate Investigation

Hospital TML Completes CTAER form

Blood Products

Blood Components

Report only serious events to Manufacturer

Report and send copy of complete CTAER to the Canadian Adverse Event Drug Reaction Monitoring Program (CADERP)

NO

Is Event Serious?

YES

Hospital complete CTAER (complete all fields)

Send copy of completed CTAER to NL PBSR at month end

Report to NL PBSR immediately
Ph: 5709-728-2500
Fax: 5709-729-4009

Report to CBS immediately (see chart in User’s Manual)
Ph: 14386039101
Fax: 5702-559-502

Hospital complete remaining fields on CTAER

NL PBSR forwards non-nominal data to PHAC as per provincial agreement

Hospital sends copy of completed CTAER to NL PBSR

Hospital sends copy of completed CTAER to CBS who will report to Health Canada’s Regulatory branch

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Appendix NL-01
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