CSSCD Phases 2 and 3 3.4: Transfusion Form – Form TX

QUESTION-BY-QUESTION SPECIFICATIONS FOR THE TRANSFUSION FORM

Question 1. Person completing form: The person completing the TRANSFUSION FORM should enter his/her name on the line and initials in the three boxes to the right of the line.

Question 2. CSSCD code number of person completing form: The code number of the person completing the Transfusion Form is to be assigned by the Data Coordinator at each clinic.

Question 3. Date of transfusion: The date the patient received the transfusion should be entered in the MM/DD/YY date format (e.g., October 24, 1994, would be entered 10/24/94).

Question 4. Reason for transfusion: Refer to the reason choices listed in the box below Question 4, and write in the reason for the transfusion. The name of the reason, not just the code number, MUST be written in.

EXAMPLE

4. Reason for transfusion (see choices below):

OFFIC	E USE	

Pre-op transfusion for cholecystectomy 090

If Surgery is given as the reason for the transfusion, include the type of surgery with the reason (see example above).

NOTE: DO NOT list chronic transfusion as a reason for Question 4. Information about chronic transfusion program status and the reason for the chronic transfusion program are collected in Questions 5 and 5.1. Question 4 refers to a specific type of event for which the patient is being transfused (e.g., CVA, Acute Chest Syndrome, etc.).

Question 5. Is patient in a chronic transfusion program?: Place a check mark in the

appropriate 1. NO or 2. YES box. If the response to Question 5 is 2. YES, Question 5.1 MUST be answered.

Question 5.1 Reason for chronic transfusion: Refer to the reason choices listed in the box below Question 4, and write in the reason for the chronic transfusion program. The reason in text MUST be specified, not just the reason code number.

Question 6. Type of transfusion: Place a check mark in the appropriate response box: 1. SIMPLE, 2. PARTIAL EXCHANGE, or 3. EXCHANGE (> 35 cc/kg transfused).

Question 7. Total hemoglobin & % HbA results immediately PRIOR to this transfusion - <u>REQUIRED ONLY FOR patients who are being transfused for an acute CVA or as part of a chronic transfusion program. Questions 7.1-7.4 MUST be completed for these patients.</u>

PRE-TRANSFUSION hemoglobin and hemoglobin A are required. Blood for these test should be drawn IMMEDIATELY BEFORE the patient is transfused.

Question 7.1 Hb: Record the pre-transfusion hemoglobin value in the boxes to the right of Question 7.1.

Question 7.2 Date of Hb: Record the date that the pre-transfusion hemoglobin specimen was DRAWN. The date should be entered in the MM/DD/YY date format (e.g., October 24, 1994, would be entered 10/24/94).

Question 7.3 HbA%: Record the pre-transfusion percentage of HbA in the boxes to the right of Question 7.3.

Question 7.4 Date of HbA: Record the date that the pre-transfusion specimen for HbA was DRAWN. The date should be entered in the MM/DD/YY date format (e.g., October 24, 1994, would be entered 10/24/94).

CODEBOOK FOR CSSCD FORM TX TRANSFUSION FORM

CSSCD INFANT COHORT PATIENTS

CONTENTS OF SAS DATASET: TX_PUBN.SD2 DATA FROM CSSCD FORM TX - TRANSFUSION FORM VARIABLES ARE LISTED IN ALPHABETICAL ORDER AND IN ORDER OF THEIR POSITION IN THE SAS DATASET AND ON FORM TX DATE VARIABLES HAVE BEEN REMOVED & CSSCD ID #S REPLACED W/ ANONYMIZED ID #

The SAS System

11:47 Tuesday, March 16, 2004 1

The CONTENTS Procedure

Data Set Name:	IN.TX_PUBN	Observations:	1283
Member Type:	DATA	Variables:	15
Engine:	V6	Indexes:	0
Created:	11:50 Tuesday, March 16, 2004	Observation Length:	164
Last Modified:	11:50 Tuesday, March 16, 2004	Deleted Observations:	0
Protection:		Compressed:	NO
Data Set Type:		Sorted:	NO
Label:			

----Engine/Host Dependent Information----

Data Set Page Size: Number of Data Set Pages:	16384 14		
First Data Page:	1		
Max Obs per Page:	99		
Obs in First Data Page:	85		
Number of Data Set Repairs:	0		
File Name:	tx_pubn.sd2		
Release Created:	6.08.00		
Host Created:	WIN		

-----Alphabetic List of Variables and Attributes-----

#	Variable	Туре	Len	Pos	Format	Informat	Label
1	ANONID	Char	8	0			ANONYMIZED ID #
3	TXBNO	Num	8	9	з.	3.	DATA ENTRY BATCH NUMBER
8	TXCHRN	Num	8	66	2.	2.	5 IS PATIENT IN A CHRONIC TX PROGRAM
5	TXCODE	Num	8	20	з.	з.	2 CODE NO OF PERSON COMPLETING FORM
10	TXORSCHR	Char	40	82			511 OTH REASON FOR CHRON TX SPECIFY
7	TXOTHRSN	Char	30	36			411 OTHR REASON FOR TX SPECIFY TYPE
15	TXOVERS	Char	2	154			VERSION DATA TRANSCRIBED FROM
12	TXPRHB	Num	8	130	4.	4.1	71 HEMOGLOBIN IMMED PRIOR TO THIS TX
13	TXPRHBA	Num	8	138	4.	4.1	73 HEMOGLOBIN A% IMMED PRIOR TO TX
16	TXPRHBS	Num	8	156	4.	4.1	HEMOGLOBIN S% IMMED PRIOR TO TX
6	TXRSN	Num	8	28	з.	з.	4 REASON FOR TRANSFUSION
9	TXRSNCHR	Num	8	74	з.	з.	51 REASON FOR CHRONIC TRANSFUSION
14	TXTRNSC	Num	8	146	2.	2.	DATA TRANSCRIBED FROM OLDER VERSION
11	TXTYPE	Num	8	122	2.	2.	6 TYPE OF TRANSFUSION
2	TXVERS	Char	1	8			FORM VERSION

TRANSFUSION FORM

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* TXN.FMT contains value labels for numerical codes assigned to categorical * * variables in the SAS dataset TX PUNU.SD2 PROC FORMAT; * FORMAT CODE IS DEFINED FOR VARIABLES: TXRSN TXRSNCHR; VALUE CODE 10='VASOOCCLUSIVE PAIN' 20= 'ACUTE CHEST SYNDROME' 30='FEVER WITHOUT SOURCE' 41='SEPSIS' 42='MENINGITIS' 43='OSTEOMYELITIS' 50= 'CEREBROVASCULAR ACCIDENT' 53='SEIZURE' 60='ACUTE ANEMIA, UNSPECIFIED' 61='SPLENIC SEQUESTRATION' 62= 'APLASTIC CRISIS' 63='OTHER ANEMIA (SPECIFY TYPE)' 70='RIGHT UPPER QUADRANT' 80='PRIAPISM' 90='SURGERY (PRE-OP)' 91='SURGERY (INTRA-OP)' 92='SURGERY (POST-OP)' 100='LEG ULCER' 110='ASEPTIC NECROSIS' 120='RENAL COMPLICATIONS' 130='DELIVERY' 140= ' PREGNANCY ' 160='OTHER (SPECIFY TYPE)'; * FORMAT NO_YES IS DEFINED FOR VARIABLES: TXCHRN TXTRNSC; 1 = ' NO ' VALUE NO_YES 2='YES'; VALUE TXTYPE 1='SIMPLE' 2= 'PARTIAL EXCHANGE' 3='EXCHANGE'; format TXRSN TXRSNCHR CODE. TXCHRN TXTRNSC NO YES. TXTYPE TXTYPE.; run; quit;

TRANSFUSION FORM

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TXVERS ------ FORM VERSION type: string (str1) unique values: 1 coded missing: 0 / 1283 tabulation: Freq. Value 1283 "C" TXRSN ------ 4 REASON FOR TRANSFUSION type: numeric (float) label: TXRSN range: [10,160] unique values: 17 units: 1 coded missing: 0 / 1283 tabulation: Freq. Numeric Label 80 10 VASOOCCLUSIVE PAIN 20 ACUTE CHEST SYNDROME 119 42 MENINGITIS 1 742 50 CEREBROVASCULAR ACCIDENT 1 60 ACUTE ANEMIA, UNSPECIFIED 4 61 SPLENIC SEQUESTRATION 21 62 APLASTIC CRISIS 43 63 OTHER ANEMIA (SPECIFY TYPE) 7 70 RIGHT UPPER QUADRANT 80 PRIAPISM 6 90 SURGERY (PRE-OP) 51 3 92 SURGERY (POST-OP) 14 100 LEG ULCER 110 ASEPTIC NECROSIS 9 3 120 RENAL COMPLICATIONS 3 130 DELIVERY

176 160 OTHER (SPECIFY TYPE)

TRANSFUSION FORM

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TXOTHRSN ----- 411 OTHR REASON FOR TX SPECIFY TYPE type: string (str30) unique values: 29 coded missing: 0 / 1283 tabulation: Freq. Value 1107 "-7" 1 "ABN MR & NEURO EXAM" 5 "ABN TCD" 1 "ALTERED MENTAL STATE" 17 "BRAIN INFARCT" 9 "CHRONIC PAIN" 1 "CHRONIC VASOOCLUSIVE PAIN" 4 "GROWTH DELAY" "GROWTH STUDY" 1 1 "HB DROPPED; FEVER" 3 "HYPHEMA" 1 "HYPHEMA - R. EYE" 1 "HYPOXIA" 1 "HYPOXIC" 1 "LEG INFARCT" 10 "LUNG DISEASE - S/P ARDS" 1 "LUNG DISEASE -S/P ARDS" 20 "LUNG DISEASE S/P ARDS" 4 "PREVENTION OF CVA" 1 "PULMONARY" 14 "PULMONARY HYPERTENSION" 2 "RECURRENT LEG INFARCT" 3 "RECURRENT LEG INFARCTS" 2 "RESPIRATORY DISTRESS" "SILENT BRAIN INFARCT" 1 1 "SILENT INFARCT" 39 "STOP STUDY" 21 "STROKE PREVENTION" 10 "SUBCLINICAL STROKE" **TXOTHRSN:** 1. Response required only if TXRSN=160. TXCHRN ------ 5 IS PATIENT IN A CHRONIC TX PROGRAM type: numeric (float) label: TXCHRN range: [1,2] units: 1 unique values: 2 coded missing: 0 / 1283 tabulation: Freq. Numeric Label 317 1 NO 2 YES 966

TRANSFUSION FORM

CSSCD INFANT COHORT PATIENTS

TXRSNCHR ------ 51 REASON FOR CHRONIC TRANSFUSION type: numeric (float) label: TXRSNCHR range: [10,160] units: 10 unique values: 7 coded missing: 319 / 1283 tabulation: Freq. Numeric Label 51 10 VASOOCCLUSIVE PAIN 23 20 ACUTE CHEST SYNDROME 50 CEREBROVASCULAR ACCIDENT 738 100 LEG ULCER 15 2 110 ASEPTIC NECROSIS 1 120 RENAL COMPLICATIONS 134 160 OTHER (SPECIFY TYPE) TXORSCHR ------ 511 OTH REASON FOR CHRON TX SPECIFY type: string (str40) unique values: 17 coded missing: 0 / 1283 tabulation: Freq. Value 1147 "-7" 2 "-9" 5 "ABN TCD" 17 "BRAIN INFARCT" 7 "CHRONIC PAIN" 1 "LUNG DISEAS - S/P ARDS" "LUNG DISEASE - S/P ARDS" 1 "LUNG DISEASE - S/P ADRD" 1 7 "LUNG DISEASE - S/P ARDS" 1 "LUNG DISEASE -S/P ARDS" 20 "LUNG DISEASE S/P ARDS" 5 "PREVENTION OF CVA" 1 "SILENT BRAIN INFARCT" 1 "SILENT INFARCT" 39 "STOP STUDY" 18 "STROKE PREVENTION" 10 "SUBCLINICAL STROKE"

TXORSCHR:

1. Response required only if TXRSNCHR=160.

TRANSFUSION FORM

CSSCD INFANT COHORT PATIENTS

ТХТҮРЕ			6	TYPE OF	TRANSFUSION
	numeric (flo TXTYPE	at)			
range:	[1.3]		units:	1	
unique values:			coded missing:		283
tabulation:	Freq. Nume 972 99 168	1 SIMP	LE IAL EXCHANGE		
TXPRHB		71	HEMOGLOBIN IMM	ED PRIOR	το τητε τχ
	numeric (flo				
range:	[5.6,13.3]		units:	.1	
unique values:	63		coded missing:	348 /	1283
mean: std. dev:	9.41251				
	1102012				
percentiles:		25%			90%
	8.1	8.9	9.4	10	10.7
TXPRHB:					
1. Response required	only if TXCHR	N=2 and/o	r TXRSN=50.		
TXPRHBA		7	3 HEMOGLOBIN A	% IMMED	PRIOR TO TX
type:	numeric (flo	at)			
range:	[0,98]		units:	.1	
unique values:			coded missing:		1283
	00.0101				
mean: std. dev:	68.2184 18.5078				
percentiles:		25%		75%	90%
	45.4	60.8	72	80	88

TXPRHBA:

1. Response required only if TXCHRN=2 and/or TXRSN=50.

TRANSFUSION FORM

CSSCD INFANT COHORT PATIENTS

TXPRHBS				- HEMOGLOBIN S	% IMMED F	PRIOR TO TX
type:	numeric	(110at)				
range: unique values:	[0,84] 51		(units: coded missing:		1283
mean: std. dev:	21.6209 13.5503	9 3				
percentiles:				50% 19.3	75% 27	90% 35
TXPRHBS: 1. Response not requi submitted.	red, ent	ered if s	source	document with	result	
TXTRNSC			DA	TA TRANSCRIBED	FROM OLD	DER VERSION
	numeric TXTRNSC					
range: unique values:				units: coded missing:		33
tabulation:	Freq. 1239 44	1	Labe: NO YES	1		
TXOVERStype:	string			VERSION DA	TA TRANSO	CRIBED FROM
unique values:	3		(coded missing:	0 / 128	33
tabulation:	Freq. 11 1228 44	" - 1 " " - 7 "				
TXOVERS: 1. Response required	only if ⁻	TXTRNSC=2	2.			

_dta:

1. Created 12/09/99.