

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):

--	--	--

OFFICE 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

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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 - 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.

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).

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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;
```

```
VALUE NO_YES        1='NO'  
                   2='YES';
```

```
VALUE TXTYPE        1='SIMPLE'  
                   2='PARTIAL EXCHANGE'  
                   3='EXCHANGE';
```

```
format TXRSN TXRSNCHR CODE.  
       TXCHRN TXTRNSC NO_YES.  
       TXTYPE TXTYPE.;
```

```
run;  
quit;
```

CODEBOOK FOR CSSCD FORM TX
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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] units: 1

unique values: 17 coded missing: 0 / 1283

tabulation: Freq.	Numeric	Label
80	10	VASOOCCLUSIVE PAIN
119	20	ACUTE CHEST SYNDROME
1	42	MENINGITIS
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
6	80	PRIAPISM
51	90	SURGERY (PRE-OP)
3	92	SURGERY (POST-OP)
14	100	LEG ULCER
9	110	ASEPTIC NECROSIS
3	120	RENAL COMPLICATIONS
3	130	DELIVERY
176	160	OTHER (SPECIFY TYPE)

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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 VASOOCCLUSIVE PAIN"
	4	"GROWTH DELAY"
	1	"GROWTH STUDY"
	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"
	1	"SILENT BRAIN INFARCT"
	1	"SILENT INFARCT"
	39	"STOP STUDY"
	21	"STROKE PREVENTION"
	10	"SUBCLINICAL STROKE"

TXOTHRSN:

- 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
	966	2	YES

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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
	738	50	CEREBROVASCULAR ACCIDENT
	15	100	LEG ULCER
	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"
	1	"LUNG DISEASE - S/P ARDS"
	1	"LUNG DISEASE - S/P ADRD"
	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.

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TXTYPE ----- 6 TYPE OF TRANSFUSION

type: numeric (float)
label: TXTYPE

range: [1,3] units: 1
unique values: 3 coded missing: 44 / 1283

tabulation: Freq. Numeric Label
 972 1 SIMPLE
 99 2 PARTIAL EXCHANGE
 168 3 EXCHANGE

TXPRHB ----- 71 HEMOGLOBIN IMMED PRIOR TO THIS TX

type: numeric (float)

range: [5.6,13.3] units: .1
unique values: 63 coded missing: 348 / 1283

mean: 9.41251
std. dev: 1.02012

percentiles: 10% 25% 50% 75% 90%
 8.1 8.9 9.4 10 10.7

TXPRHB:

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

TXPRHBA ----- 73 HEMOGLOBIN A% IMMED PRIOR TO TX

type: numeric (float)

range: [0,98] units: .1
unique values: 267 coded missing: 553 / 1283

mean: 68.2184
std. dev: 18.5078

percentiles: 10% 25% 50% 75% 90%
 45.4 60.8 72 80 88

TXPRHBA:

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

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TXPRHBS ----- HEMOGLOBIN S% IMMEDIATE PRIOR TO TX

type: numeric (float)
range: [0,84] units: .1
unique values: 51 coded missing: 1144 / 1283
mean: 21.6209
std. dev: 13.5503
percentiles: 10% 25% 50% 75% 90%
9 13 19.3 27 35

TXPRHBS:

1. Response not required, entered if source document with result submitted.

TXTRNSC ----- DATA TRANSCRIBED FROM OLDER VERSION

type: numeric (float)
label: TXTRNSC
range: [1,2] units: 1
unique values: 2 coded missing: 0 / 1283

tabulation:	Freq.	Numeric	Label
	1239	1	NO
	44	2	YES

TXOVERS ----- VERSION DATA TRANSCRIBED FROM

type: string (str2)
unique values: 3 coded missing: 0 / 1283
tabulation: Freq. Value
11 "-1"
1228 "-7"
44 "A"

TXOVERS:

1. Response required only if TXTRNSC=2.

_dta:

1. Created 12/09/99.