# Cover Sheet

Please ensure that all details on this page are completed.

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| **Authorising Person** |  | Name |  | | | |
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# Submission Template – Individual Sections

Please type directly into the tables that relate to your comments. Add extra rows as needed.

It is not necessary to respond to all the identified areas, only those areas for which you have views. If you choose not to respond to some areas, please just leave them blank.

**INTRODUCTION**

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**SUMMARY OF KEY RECOMMENDATIONS**

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**BACKGROUND**

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**1. RECOGNITION AND INITIAL MANAGEMENT OF ACUTE TRANSFUSION REACTIONS**

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**2. SYMPTOMS AND SIGNS OF ACUTE TRANSFUSION REACTIONS**

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**3. MANAGEMENT OF ACUTE TRANSFUSION REACTIONS**

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**4. LABORATORY INVESTIGATION OF ACUTE TRANSFUSION REACTIONS**

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**5. MANAGEMENT OF PATIENTS WITH REPEATED ACUTE TRANSFUSION REACTIONS**

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**6. ACUTE TRANSFUSION REACTIONS IN CHILDREN AND NEONATES**

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**7. REPORTING ACUTE TRANSFUSION REACTIONS**

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**APPENDIX 1: FLOWCHART – RECOGNITION AND INITIAL MANAGEMENT OF ACUTE TRANSFUSION REACTIONS**

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**APPENDIX 2: TRALI, TACO AND TAD**

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**ABBREVIATIONS AND REFERENCES**

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