## SUPPLEMENTAL TABLE S1:

Grading criteria used for transfusion-related adverse events in PLADO, based on Common Toxicity Criteria for Adverse Events v3.0. All events on this list were to be reported if they occurred during or within 4 hours after the end of a transfusion, whether or not the event was judged to be caused by the transfusion.

		GRADE				
	EVENT	0		2	3	4
B5.	Allergic reaction/ Hypersensitivity	∏₀None	☐₁transient flushing or rash	₂rash, flushing, urticaria, dyspnea	□₃symptomatic bronchospasm, with or without urticaria; paren- teral medication(s), indicated; allergy- related edema/ angio- edema, hypotension	∐₄anaphylaxis
B6.	Sinus bradycardia	∏₀None	□₁asymptomatic, intervention not indicated	□₂non-urgent medical intervention indicated	□₃symptomatic and incompletely controlled medically, or controlled with device (e.g. pacemaker)	□₄life-threatening (e.g. arrhythmia associated with CHF, hypotension syncope, shock)
B7.	Sinus tachycardia	∏₀None	□₁asymptomatic, intervention not indicated	□₂non-urgent medical intervention indicated	□₃symptomatic and incompletely controlled medically, or controlled with device (e.g. pacemaker)	□₄life-threatening (e.g. arrhythmia associated with CHF, hypotension syncope, shock)

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		GRADE						
	EVENT	0		2	3	4		
B8.	Hypertension	∏ <sub>0</sub> None	□₁asymptomatic, transient (<24hrs) increase by >20mmHg (diastolic) or to >150/100* if previously WNL; intervention not indicated	□₂recurrent or persistent (>24hrs) symptomatic increase by >20mmHg (diastolic) or to >150/100* if previously WNL; monotherapy may be indicated	☐₃requiring more than one drug or more intensive therapy than previously	4Life-threatening consequences (e.g.hypertensive crisis)		
*Note	e: For pediatric patients, use	age and sex approp	riate normal values > 95 <sup>th</sup> percentile UL	N.				
B9.	Hypotension	∏₀None	□₁changes, intervention not indicated	□₂brief (<24hrs) fluid replacement or other therapy; no physiologic consequences	□₃sustained (≥24hrs) therapy, resolves without persisting physiologic consequences	□₄shock (acidemia; impairment of vital organ function)		
B10.	<b>Dyspnea</b> (shortness of breath)	₀Normal	□₁dyspnea on exertion, but can walk 1 flight of stairs without stopping	□₂dyspnea on exertion but unable to walk 1 flight of stairs or 1 city block (0.1km) without stopping	₃dyspnea with ADL	☐₄dyspnea at rest; intubation/ventilator indicated		
B11.	Hypoxia	∏₀Normal		□₂decreased O₂ saturation with exercise (e.g. pulse oximeter<88%); intermittent supplemental oxygen	□₃decreased O₂ saturation at rest; continuous oxygen indicated	☐₄life-threatening; intubation or ventilation indicated		
B12.	Wheezing	∏₀None	□₁asymptomatic	□₂symptomatic not interfering with function	₃symptomatic interfering with function	₄life-threatening		
B13.	Cough	∏₀None	□₁symptomatic, non- narcotic medication only indicated	□₂symptomatic and narcotic medication indicated	☐₃Operative intervention indicated	☐₄life-threatening (e.g. hemodynamic instability or ventilatory support indicated)		

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Table S1, continued

		GRADE					
	EVENT	0		2	3	4	
B14.	Hemolysis	∏₀None	☐₁laboratory evidence of hemolysis only (direct antiglobulin test [DAT, Coombs'] schistocytes)	□₂evidence of red cell destruction and ≥ 2gm decrease in hemoglobin, no transfusion	□₃transfusion or medical intervention (e.g. steroids) indicated	□₄catastrophic consequences of hemolysis (e.g. renal failure, hypotension, bronchospasm)	
B15.	Rigors, chills	∏₀None	☐₁mild requiring symptomatic treatment (e.g., blanket) or non- narcotic medication	☐₂severe and/or prolonged, requiring narcotic medication	□₃not responsive to narcotic medication		
B16.	Fever	∏₀None	□ <sub>1</sub> 38.0 – 39.0°C (100.4 – 102.2°F)	_2>39.0 - 40.0°C (>102.2 - 104.0°F)	₃>40.0°C (>104.0°F) for ≤24 hours	4>40.0°C (>104.0°F) for >24 hours	
Note	Note: The temperature measurements listed above are oral or tympanic						
B17.	Infection	∏₀None		□₂localized, local intervention indicated	□₃IV antibiotic, antifungal, or antiviral intervention indicated, interventional radiology or operative intervention indicated	dife-threatening consequences (e.g. septic shock, hypotension, acidosis, necrosis)	