

## **ATTACHMENT J**

**2007 NBCUS CRITICAL ITEMS WEB SURVEY**

1. Provide the name, telephone number, and e-mail address of each person completing this survey:

Name	Telephone No.	E-mail address
_____	_____	_____
_____	_____	_____

2. List the official name, city, state, and zip code of every institution for which data are reported on this questionnaire.

<b>a)</b>			
Institution Name:			
Street Address	City	State	Zip
<b>b)</b>			
Institution Name:			
Street Address	City	State	Zip
<b>c)</b>			
Institution Name:			
Street Address	City	State	Zip

3. Is your institution:

- A local or regional **blood center** (non-hospital) that collects blood from donors and supplies blood and components to other facilities?
- A **hospital-based blood bank and transfusion service** that collects blood from donors (may be only autologous or directed) and provides blood and components for transfusion primarily to your own facility?
- A **transfusion service** that provides blood and components for transfusion, but does not collect blood from donors?
- A local or regional blood center that collects blood from donors and supplies blood, components, and crossmatched blood products to participating facilities (such as a **centralized transfusion service**)? In this category, the service is not limited to reference laboratory work, but includes routine transfusion service.

- An independent facility that collects, processes, manufactures, stores, or distributes cellular therapy products?**

**For Institutions 1-4 above:**

**Does your firm collect, process, manufacture, store, and/or distribute cellular therapy products?**

- Yes
- No

**Does your firm collect, process, manufacture, store, and or distribute human tissue for transplantation?**

- Yes
- No

**4. Does your institution collect blood from donors?** (Note: If you collect autologous units only, check “Yes” and complete this section.)

- Yes
- No —→ SKIP TO QUESTION 12.

**5. How many successful collection procedures were completed by your institution in each of the following categories in 2006?** If a breakdown is not available, put the total under “Allogeneic”. Do not count low volume or incomplete procedures.

	# of Procedures	
<b>Manual Whole Blood Collections</b>		
1) Allogeneic Whole Blood.....	_____	
2) Autologous.....	_____	
3) Directed.....	_____	
<b>Automated Collections</b>		
1) Red Cell Pheresis		
a. Allogeneic red cells.....	_____	_____
b. Autologous red cells.....	_____	_____
c. Concurrent plasma.....	_____	_____
d. Concurrent plasma – jumbo.....	_____	_____
2) Platelet Pheresis		
a. Single Donor Platelets.....	_____	_____
b. Concurrent Plasma.....	_____	_____
c. Concurrent Plasma –jumbo.....	_____	_____

d. Concurrent red cells.....\_\_\_\_\_

3) Plasma Pheresis

a. Source.....\_\_\_\_\_

b. Jumbo FFP.....\_\_\_\_\_

c. FFP.....\_\_\_\_\_

6. How many units were **processed** by your institution in each of the following categories in 2006?  
(For red cells, count double units resulting from double collections as two units.)

a. Number of whole blood units processed: \_\_\_\_\_units

b. Number of red cell units (not including pediatric) processed:  
\_\_\_\_\_units

7. How many whole blood and red cells units (combined) were **released for distribution**?

<b>TOTAL</b>

8. How many transfusable units were **produced** by your institution of each of the following components in 2006? Count double or triple units resulting from double or triple collections or splits as two or three units.

a. Plasma intended for further manufacture ..... \_\_\_\_\_units

b. Whole blood derived platelets ..... \_\_\_\_\_units

c. Apheresis platelets (do not include autologous, therapeutic, or split units) ..... \_\_\_\_\_units

d. Apheresis platelets produced from splits ..... \_\_\_\_\_units

e. Cryoprecipitate ..... \_\_\_\_\_units

f. Granulocytes ..... \_\_\_\_\_units

9. Do you issue blood to home transfusion services or other off-site non-hospital transfusion services, such as dialysis centers?

- Yes
- No
- Don't Know

**If yes, how many units of:**

- c. RBCs \_\_\_\_\_ units
- d. Platelets \_\_\_\_\_ units
- e. FFP \_\_\_\_\_ units

**10. Do you issue blood for use by military installations?**

- Yes
- No
- Don't Know

**If yes, how many units of:**

- a. RBCs \_\_\_\_\_ units
- b. Platelets \_\_\_\_\_ units
- c. FFP \_\_\_\_\_ units
- d. Cryoprecipitate \_\_\_\_\_ units

**11. What was the total number of allogeneic units (non-directed and directed combined) discarded in 2006 for abnormal results on any laboratory screening test?**

\_\_\_\_\_ units

**12. Is your institution directly involved in the transfusion of blood to patients or does it serve as a transfusion service for another institution that transfuses blood?**

- Yes
- No → SKIP TO QUESTION 21

**13. In 2006, how many units of allogeneic whole blood and red cells (WB/RBCs) did your institution transfuse either directly or as a transfusion service for another institution? (Exclude directed units transfused to the intended patients.)**

<b>Total # of</b>	
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Units Transfused	Total # of Recipients

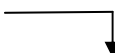
14. Indicate below the total number of WB/RBC units transfused in each of the following categories and report the number of recipients of these units.

	Directed units transfused to the intended patient	Units transfused to pediatric patients (overlap possible)	Autologous units transfused to autologous donor
a. Number of units			
b. Number of recipients			

15. In 2006, how many units of each of the following components did your institution transfuse, either directly or as a transfusion service for another institution?

- a. Whole blood derived platelets (individual concentrates, not pools).....\_\_\_\_\_ units
- b. Apheresis platelet packs (unit?) .....\_\_\_\_\_ units
- c. FFP.....\_\_\_\_\_ units
- d. Plasma, frozen within 24 hours.....\_\_\_\_\_ units
- e. Jumbo plasma (>400 ml) .....\_\_\_\_\_ units
- f. Plasma Cryoprecipitate reduced.....\_\_\_\_\_ units
- g. Pediatric size (100ml) single donor and/or fresh frozen plasma.....\_\_\_\_\_ units
- h. Cryoprecipitate AHF transfusion.....\_\_\_\_\_ units
- i. Cryoprecipitate used for fibrin sealant .....\_\_\_\_\_ units
- j. Granulocyte units .....\_\_\_\_\_ units

16. How many days in 2006 was elective surgery postponed due to actual blood inventory shortages?

\_\_\_\_\_ days 

**If any, how many surgeries were postponed?** (Do not count any single patient's surgery more than once.)

\_\_\_\_\_ surgeries

**17. How many days was your regular or standing order incomplete?**

\_\_\_\_\_ days

**18. How many days in 2006 were you unable to meet other non-surgical blood requests (e.g. red cells, platelets)?**

\_\_\_\_\_ days

**19. How many transfusion-related adverse reactions were reported to the blood bank in 2006?** (Count the number of occurrences that required any diagnostic or therapeutic intervention.)

\_\_\_\_\_ events  Don't know

**If any events reported, complete the table below indicating how many of these were:**

Event Description	# of Occurrences
a. Life threatening, requiring major medical intervention following the transfusion, e.g. vasopressors, blood pressure support, intubation or transfer to the intensive care unit?	
b. Transfusion Related Acute Lung Injury (TRALI)?	
c. ABO incompatible?	
d. Transfusion Associated Circulatory Overload (TACO)?	
e. Acute Hemolysis?	
f. Delayed Hemolysis?	
g. Post transfusion sepsis	
h. Severe Allergic Reactions?	

**20. Do you have an electronic system for tracking events (i.e. unplanned, unexpected, and undesired occurrences)?**

- Yes
- No

**21. In 2006, how many autologous and directed units of red cells and whole blood were crossed over to the community supply?**

a. Autologous..... \_\_\_\_\_ units

b. Directed..... \_\_\_\_\_ units

22. **How many total units of red cells O positive red cells, and O negative red cells (allogeneic, non-directed) were outdated in 2006?** Include only those units that were outdated while on your shelf. If you transfuse blood, include units outdated at your institution, as well as any other institutions for which you serve as a transfusion service.

- a. All Red Cell Units outdated.....\_\_\_\_\_units
- b. O pos red cells outdated.....\_\_\_\_\_units
- c. O neg red cells outdated.....\_\_\_\_\_units

23. **How many units in each of the following categories were outdated in 2006?** Include only those units that were outdated while on your shelf. If you transfuse blood, include units outdated at your institution, as well as any other institutions for which you serve as a transfusion service.

- a. Whole blood .....\_\_\_\_\_units
- b. Whole blood derived plasma .....\_\_\_\_\_units
- c. Apheresis plasma .....\_\_\_\_\_units
- d. Whole blood derived platelets .....\_\_\_\_\_units
- e. Apheresis platelets .....\_\_\_\_\_units
- f. Cryoprecipitate .....\_\_\_\_\_units
- g. Directed units .....\_\_\_\_\_units
- h. Autologous units .....\_\_\_\_\_units

22. **Does your institution collect, process, issue, or infuse hematopoietic progenitor cells (HPCs) or other cell therapy (CT) products?**

- Yes
- No

23. **Does your institution maintain an inventory of or use human tissue for transplantation?**

- Yes
- No

**THANK YOU FOR COMPLETING THIS WEB SURVEY!**