

_____ 2007

<Facility ID>
<Company Name>
<FirstName> <LastName> <Credentials>
<Address1>
<Address2>
<City>, <State> <Zip>

Dear <Salute>:

In _____, you were selected to participate in the National Blood Collection and Utilization Survey (NBCUS). We have not yet received your facility's completed questionnaire and have enclosed another copy for your convenience. **Please assist us by completing the enclosed questionnaire as soon as possible.** If you have already mailed your survey back to us, we thank you and you may disregard this letter.

This important survey is being conducted in response to a continuing need for quantitative data regarding the nation's blood supply. It was sent to every blood collection center and nearly 3,000 hospitals in the United States, and we are looking forward to a response from every one of them! The information provided will be used to characterize the nation's supply of and demand for blood and blood components, cellular therapies and tissue transplantation and to describe current practices in blood collection and transfusion.

This year, as for the 2005 NBCUS, the United States Department of Health and Human Services (DHHS) has agreed to fund the survey. Results of this survey will only be released in aggregate form. No facilities will be identified directly or indirectly in the report. The final report will be in the public domain, accessible to the public.

It is critical that the data submitted for the current NBCUS survey cover the period from **January 1, 2006 to December 31, 2006**. If you must report fiscal year data for 2006-2007, please do not report any data collected after 30 June 2007.

The survey consists of seven sections, labeled A-G. Sections A and E should be completed by all institutions. Section B should be completed if your institution collects any blood, and Section C should be completed if your institution transfuses any blood. Section D should be completed by any facility that performs bacterial testing on blood products. Section F should be completed by any facility that collects, processes, or infuses cells for therapeutic purposes. And Section G should be completed by any facility that maintains an inventory of or uses human tissue for transplantation.

If you do not have all of the information requested by the survey, please forward the questionnaire and cover letter to others in your institution who can provide the needed information. Please do not leave any items blank unless instructed to skip them. Please use “0” or “NA” (not applicable), as appropriate.

Please complete the questionnaire by August 30, 2007 and return it to us in the enclosed postage-paid envelope.

If you have any questions or comments, we invite you to call the toll-free Helpline at 1-800-793-9376. We thank you in advance for your cooperation in this important effort.

Sincerely,

Karen Shoos Lipton, JD
Chief Executive Officer
AABB

and

Admiral John O. Agwunobi, MD, MBA, MPH
Assistant Secretary of Health
U.S. Department of Health and Human Services