Form Approved
OMB No. 0990-0313
Exp. Date XXXXXXXX

2011 National Blood Collection and Utilization Survey

Your help is critical to assess the adequacy of our blood resources.

This biennial survey is the single best means of determining detailed accurate information about collection and utilization of blood and blood components in the United States. The data you contribute and the time you take to ensure its accuracy are critical to the success of the survey and the interpretation of findings. In the past, we have asked questions about blood, blood components, and cell therapy collection and utilization. This year, due to the needs of the blood banking and hospital blood resource providers, there are questions regarding detailed utilization, biovigilance, human tissue collection and utilization, and the practices related to these products and services. We look forward to seeing what unfolds and to sharing that report with you. Thank you in advance for your participation in this important national survey.

If you have any questions regarding the survey, while you are compiling the data or afterwards, please call our toll-free number: _____.

Statement on Data Release
The completed questionnaires will be processed and data compiled for analysis and used for statistical purposes only. No institutional data provided in response to this survey will be reported that may allow a blood center or hospital to be identified. Results will be released only in aggregate form. Public use data from this survey may be used by researchers throughout the blood community. The public use data sets will be in a format that will adhere to HIPAA standards and will minimize the risk of identification of the responding institution.

2011 National Blood Collection and Utilization Survey

Instructions: Please read carefully!

- **Report all data for the 2010 calendar year, 1/1/10 through 12/31/10, unless otherwise specified (some questions are about current practices only). If your institution cannot provide calendar year data, please report data for the most recent 12-month period that your institution has available.**
- **Answer all questions—DO NOT LEAVE ANY ITEMS BLANK, unless instructed to skip an item.**
- **If your answer is zero, it is important that you enter "0" rather than leaving a blank.**
- **Be sure your responses are printed clearly and legibly.**
- **Consult your records whenever possible to provide the most accurate information available. If records are not available, please provide your best estimate, or that of your most qualified co-worker. It may be necessary for you to forward this questionnaire to another department for completion of some items.**
- **Before you begin, read the glossary on the inside back cover of this booklet. Terms included in the glossary are underlined when first used in the survey.**
- **If you have any questions, please call the toll-free survey helpline at xxx-xxx-xxxx or send an e-mail to _____.**
- **Be sure to make and keep a copy of your completed questionnaire before returning it.**
- **Thank you in advance for your assistance with this important survey!**

Section A. General Information

A1. Provide the name, title, telephone number, and e-mail address of each person completing this survey:

Prefix	First Name	Last Name	Title/Position	Telephone	E-mail

A2. Is your institution [Choose one]**:**

☐ 1 **A local or regional blood center (non-hospital) that collects blood from donors and supplies blood and components to other facilities?**

☐ 2 **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?**

☐ 3 **A transfusion service that provides blood and components for transfusion, but does not collect blood from donors?**

☐ 4 **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 work.**

A3. Does your institution collect, process, manufacture, store, distribute, and/or transplant hematopoietic progenitor cells (HPCs) or other cell therapy products? [If you perform only infectious disease testing, please check "No."]

☐ Yes

☐ No

A4. **Does your institution maintain an inventory of, or use human tissue for transplantation?** [If you perform only infectious disease testing, please check "No".]

☐ Yes

☐ No

A5. **List the official name, city, state, and zip code of every institution for which data are reported on this questionnaire.** [If necessary, continue on the opposite page.]

a. Institution Name			
Street Address	**City**	**State**	**Zip**
b. Institution Name			
Street Address	**City**	**State**	**Zip**
c. Institution Name			
Street Address	**City**	**State**	**Zip**

A6. Does your institution serve as a transfusion service for other institutions?

☐ Yes

☐ No

Which other institutions are served? [Please provide the official name, city, and state of every such facility, if different from your institution. Attach a separate sheet if needed.]

a. Institution Name			
Street Address	**City**	**State**	**Zip**
b. Institution Name			
Street Address	**City**	**State**	**Zip**
c. Institution Name			
Street Address	**City**	**State**	**Zip**

PLEASE GO TO SECTION B

Section B. Blood Collection, Processing, and Testing

This section includes questions about blood donors, blood collection and testing. ***All facilities should answer question B1.*** *Any facility collecting blood should complete the rest of the section.*

B1. **Does your institution collect blood from donors?** [If you collect autologous units only, check "Yes" and complete this section.]

☐ Yes ⟶ COMPLETE THIS SECTION

☐ No ⟶ SKIP TO SECTION C

B2. **How many collection procedures (and for automated collections, how many products?) were successfully completed by your institution in each of the following categories in 2010?** [If a breakdown is not available, put the total under "Allogeneic Whole Blood." Do not count low-volume or incomplete procedures.]

Manual Whole Blood Collections	**No. of Procedures**
1) Community (non-directed allogeneic donations)	_____
2) Autologous	_____
3) Directed	_____

Automated Collections	**No. of Procedures**	**No. of Products**
1) Apheresis red cells [Count double units resulting from double collections as two units.]	_____	
a. Allogeneic red cells		_____
b. Autologous red cells		_____
c. Directed red cells		_____
d. Concurrent plasma		_____
e. Concurrent plasma – jumbo		_____
2) Apheresis platelets	_____	
a. Single-donor platelets		_____
b. Directed single-donor platelets		_____
c. Concurrent plasma		_____
d. Concurrent plasma – jumbo		_____
e. Concurrent red cells		_____

Automated Collections (Continued)	No. of Procedures	No. of Products
3) Plasmapheresis	_____	
a. Jumbo FFP (>400 mL)		_____
b. FFP/24-hour plasma (FP24)		_____

B3. How many units were collected by your institution at mobile blood drive sites:

_____ units

B4. How many units were processed by your institution in each of the following categories in 2010?

a. Number of whole blood units processed for distribution as whole blood:

_____ units

b. Number of red cell units processed:
[Count double units resulting from double collections as two units. Exclude pediatric units. Include packed red cells plus units from red cell apheresis.]

_____ units

B5. How many whole blood and red cells units (combined) were released for initial distribution? [Count double units resulting from double collections as two units. Units returned and released for distribution multiple times should be counted only once.]

TOTAL

B6. How many units of the following were produced from whole blood?

a. FFP _____ units

b. Plasma frozen within 24 hours _____ units

c. Plasma cryoprecipitate reduced _____ units

B7. Of the following components, how many units were produced by your institution in 2010? [Count double or triple units resulting from double or triple collections or splits as two or three units. Count pools of whole-blood-derived platelets or cryoprecipitate in terms of individual unit equivalents.]

a.	Plasma for further manufacture	_____	units
b.	Whole-blood-derived platelets	_____	units
c.	Apheresis platelets from single collections [do not include autologous or therapeutic units]	_____	units
d.	Apheresis platelets produced from double collections	_____	units
e.	Apheresis platelets produced from triple collections	_____	units
f.	Cryoprecipitate	_____	units
g.	Granulocytes	_____	units

B8. For each of the following categories, how many units did your institution collect/ prepare/<u>modify</u> to achieve prestorage leukoreduction in 2010?

a.	Red cells/whole blood	_____	units
b.	Whole-blood-derived platelets	_____	units
c.	Apheresis platelets	_____	units
d.	Other component units, including pediatric units	_____	units

B9. From how many of the following types of <u>donors</u> did you successfully collect blood products in 2010?

a.	<u>First-time allogeneic donors</u>	_____	donors
b.	Repeat allogeneic donors	_____	donors
c.	Directed donors	_____	donors

B10. In 2010, how many people <u>presented to donate</u>?

_____ people

B11. How many people were deferred for the following reasons:

Low hemoglobin	_____	people
Other medical reasons	_____	people
High-risk behavior	_____	people
Travel	_____	people

B12. How many donations were from repeat allogeneic donors?

_____ donations

B13. How many units were collected from 16- to 24-year-old donors?

_____ units

B14. How many units were collected from all minority populations (ie, including African, Asian, and/or Hispanic origin, combined)

_____ units

B15. How many <u>severe donor adverse events</u> did you have in 2010?

From whole blood collections: _____ events

From automated collections: _____ events

B16. Do you perform HLA testing for TRALI prevention purposes? ☐ Yes ☐ No

B17. Do you perform HNA testing for TRALI prevention purposes? ☐ Yes ☐ No

B18. What was the total number of allogeneic units (non-directed and directed combined) discarded in 2010 for abnormal disease marker test results?

_____ units

B19. What was the total number of allogeneic units (non-directed and directed combined) discarded in 2010 for all other reasons?

_____ units

B20. For all tested donations collected by your facility in 2010, indicate the number of repeat reactive and confirmed positive allogeneic donors by infectious disease marker below:

Infectious Disease Marker	No. of Repeat Reactive Allogeneic Donors	No. of Confirmed Positive Allogeneic Donors	Test Not Performed
a. Anti-HIV-1/HIV-2			
b. Anti-HTLV-I/II			
c. Anti-HCV			
d. Anti-HBc			
e. HBsAg			
f. Serologic test for syphilis			
g. HIV-1 NAT (antibody negative)			
h. HCV NAT (antibody negative)			
i. Undifferentiated NAT (if HIV-1 and HCV discriminatory negative when applicable)			
j. WNV NAT			
k. Anti-*Trypanosoma cruzi* (Chagas disease)			
l. HBV NAT			

PLEASE GO TO SECTION C

Section C. Blood Transfusion

This section should be completed by transfusion services and includes questions about transfusion, utilization, availability, and hemovigilance. ***All facilities should complete question C1.*** *Any facility transfusing blood or serving as a centralized transfusion service for others should complete this section.*

C1. 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 ⟶ COMPLETE THIS SECTION

☐ No ⟶ SKIP TO SECTION D

C2. In 2010, 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.]

	Total No. of Units Transfused	Total No. of Recipients
Allogeneic Whole Blood		
Allogeneic Red Blood Cells		

C3. Indicate below the total number of units transfused in each of the following categories and report the number of recipients of these units.

	Total No. of Units Transfused	Total No. of Recipients
a. Directed WB/RBC units transfused to the intended patient		
b. Autologous WB/RBC units transfused to the autologous donor		

C4. Indicate below the total number of units transfused to the pediatric population (as defined by your institution).

	No. of Adult Equivalent Units Used in Whole or in Part for Pediatric Patients	No. of Pediatric Recipients
a. WB/RBCs		
b. Plasma		
c. Platelets		

C5. In 2010, 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 and pools expressed as individual concentrate equivalents] _____ units

b. Apheresis platelet units – full dose ($\geq 3 \times 10^{11}$) _____ units

c. Directed platelets to intended recipients _____ units

d. FFP _____ units

e. Pediatric size (100 mL) FFP _____ units

f. Plasma, frozen within 24 hours _____ units

g. Jumbo plasma (>400 mL) _____ units

h. Plasma cryoprecipitate reduced _____ units

i. Cryoprecipitate (all uses) [Include individual units and pools expressed as unit equivalents] _____ units

j. Granulocyte units _____ units

C6. Indicate below how many irradiated, leukoreduced, and leukofiltered units of each of the following components your institution transfused, either directly or as a transfusion service for another institution in 2010 (for pediatrics use the number of adult equivalent units used in whole or part). Components that are both irradiated and leukoreduced should be included in the count for both columns.

	Components Irradiated	Components Leukoreduced Before or After Storage (Not at the Bedside)	Components Leukofiltered at the Bedside
a. WB/RBCs			
b. Whole-blood-derived platelets			
c. Apheresis platelets			
d. Other blood component units, including pediatric units			

C7. How many units of blood in your facility went to the following departments in 2010? [this can be determined by location or by physician use.]

Department		No. of RBC Units	No. of Platelet Units
a.	Surgery – general		
b.	Orthopedic surgery		
c.	Cardiac surgery		
d.	Trauma/ER		
e.	Hematology/Oncology		
f.	Transplantation services		
g.	Obstetrics/Gynecology		
h.	Pediatrics/Neonatology		
i.	Nephrology/Dialysis		
j.	ICU		
k.	General medicine		
l.	Other		

C8. What is the average age of a unit transfused at your institution?

Component	Days	Calculated Average	Estimate	Don't Know
a. Red Blood Cells		☐	☐	☐
b. Whole-blood-derived platelets		☐	☐	☐
c. 5-Day apheresis platelets…		☐	☐	☐
d. 7-Day apheresis platelets…		☐	☐	☐

C9. In 2010, how many therapeutic platelet <u>doses</u> were transfused?

a. As plateletpheresis products _____ doses

b. As whole-blood-derived platelets _____ doses

If you indicated a quantity above, what is the usual (most common) dosage at your institution of whole blood units from which the dose was derived? [Check one.]

☐ <3 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ >10

C10. What volume of plasma is most commonly transfused during a single transfusion episode at your institution?

_____ mL

C10a. Do you routinely transfuse plasma (to non-pediatric patients) based on: (Choose one)

- ☐ Patient size
- ☐ Unit volume

C11. How many grams of IVIG (not RhIG) were purchased by your institution?

_____ grams

C12. What was the average whole dollar amount your institution paid per unit in 2010 for the following components? [Include discounts in your calculations. A response of $0 should be entered as "NA" rather than 0.]

	Average Amount Paid
a. Plasma, frozen within 8 hours of phlebotomy	$
a. Plasma, frozen within 24 hours of phlebotomy	$
b. Red cells, leukofiltered	$
c. Whole-blood-derived platelets, not leukoreduced, not irradiated	$
d. Apheresis platelets, leukoreduced	$
e. Cryoprecipitate	$

C13. Does your institution have an established "bloodless" surgery program?

- ☐ Yes
- ☐ No
- ☐ Don't know

C14. Does your hospital use intraoperative autologous blood recovery therapies?

- ☐ Yes
- ☐ No
- ☐ Don't know

C15. How many days in 2010 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

C16. On how many days in 2010 was your order incomplete?

a. For red cells _____ days

b. For plasma _____ days

c. For apheresis platelets _____ days

d. For whole-blood-derived platelets _____ days

C17. On how many days in 2010 were you unable to meet other non-surgical blood requests (eg, red cells, platelets)?

_____ days

C18. At your facility, how many units of group O red cells are on your shelf on an average weekday?

_____ units

C19. At your facility, what is the maximum number of units of group O positive and group O negative red cells in uncrossmatched inventory considered to be "critically low"?

_____ units

C20. How many WB/RBC crossmatch procedures were performed at your facility in 2010 by any method?

_____ procedures

C21. How many samples (patient specimens submitted for testing) did your facility receive at the blood bank in 2010?

_____ samples

C22. Does your facility currently collect data on sample collection errors (eg, wrong blood in tube)?

☐ Yes ☐ No

If yes, How many were reported in 2010? _____ errors

C23. How many transfusion-related adverse reactions were reported to the transfusion service in 2010? [Count the number of reactions that required any diagnostic or therapeutic intervention.]

_____ reactions

If any reactions reported, complete the table below indicating how types of each reaction occured:

Event Description		No. of Reactions
a.	Life-threatening, requiring major medical intervention following the transfusion, eg, vasopressors, blood pressure support, intubation, or transfer to the intensive care unit?	
b.	Transfusion-related acute lung injury (TRALI)?	
c.	ABO incompatibility?	
d.	Transfusion-associated circulatory overload (TACO)?	
e.	Acute hemolysis?	
f.	Delayed hemolysis?	
g.	Posttransfusion sepsis	
h.	Severe allergic reactions?	

PLEASE GO TO SECTION D

Section D. Bacterial Testing

This section pertains to methods used for testing for bacteria in platelets. ***Question D1 should be completed by all facilities.***

D1. Does your institution perform bacterial testing?

☐ Yes ⟶ COMPLETE THIS SECTION

☐ No ⟶ SKIP TO SECTION E

D2. Indicate what methods are used by your institution to limit/detect bacterial contamination? [Check the applicable boxes.]

	Culture-Based Testing	Swirling	pH	Glucose	Other	None
a. Apheresis platelets?						
b. Whole-blood-derived platelets, singly?						
c. Whole-blood-derived platelets, pooled?						

D3. How many confirmed positives and false positives were detected by method in 2010?

Method	No. Tested	No. of Confirmed Positives	No. of False Positives
a. Culture-based methods			
b. Rapid immunoassay			
c. Alternative methods			

PLEASE GO TO SECTION E

Section E. Product Disposition

This section contains questions about products disposition performed by both collection and treatment facilities ***and should be completed by all facilities.***

E1. In 2010, 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

E2. How many total units of red cells, group O positive red cells, and group O negative red cells (allogeneic, non-directed) were outdated in 2010? [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.	Group O positive red cells outdated	_____	units
c.	Group O negative red cells outdated	_____	units

E3. How many units in each of the following categories were outdated in 2010? [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.	FFP or FP24 (including whole-blood-derived and apheresis plasma)	_____	units
c.	Whole-blood-derived platelets (express pools as individual unit equivalents)	_____	units
d.	Apheresis platelets	_____	units
e.	Cryoprecipitate (express pools as individual unit equivalents)	_____	units
f.	Directed WB/RBC units	_____	units
g.	Autologous WB/RBC units	_____	units

PLEASE GO TO SECTION F

Section F. Human Tissue

This section contains questions regarding the use of human tissue for transplantation. ***Please give this section to the appropriate laboratory or other specialized personnel to complete!***

F1. **Does your institution maintain an inventory of, or use, human <u>tissue</u> for transplantation?** Refer to the definition of tissue in the Glossary – this differs from the definition of "tissue" used by The Joint Commission in their Standards)

☐ Yes

☐ No ⟶ SKIP TO END

F2. **In 2010, what was the total number of human tissue implants/grafts that your facility:** [Include acellular dermal matrix products (eg, alloderm, repleform, etc) and consult with specialty departments, if necessary (eg, Orthopedics/ Dermatology/ Ophthalmology).]

a. Used/implanted? _____ implants/grafts

b. Discarded? _____ implants/grafts

c. Returned? _____ implants/grafts

d. Removed/explanted? _____ implants/grafts

F3. **Do you maintain an inventory of human skin?** Product used for burn application, traumatic wound, and integument problems.

☐ Yes

☐ No

F4. **In 2010 how many proven tissue-related adverse events have you reported from human tissue implants/grafts?**

_____ events

F5. **If available:** [Please direct to the appropriate department eg, risk management, quality assurance, etc.]

a. **How many reported adverse events were related to viral transmission?** _____ events

b. **How many reported adverse events were related to bacterial infection?** _____ events

c. **How many reported adverse events were related to fungal infection?** _____ events

d. **How many adverse events were related to graft failure?** _____ events

Section G: Cellular Therapy Products

Please give this section to the appropriate cellular therapy collection or laboratory personnel to complete!

GT1. Choose which of the following best describes your program. Is your program a:

☐Blood center performing HPC collections only
☐Blood center collecting, processing, and/or storing HPCs
☐HPC collection facility within hospital
☐HPC collection, processing, and storage facility within hospital
☐Cord blood collection facility only
☐Other, please describe _____

OR

☐ Cord blood processing/storage facility only (SKIP TO QUESTION GT4)
☐ HPC processing/storage facility within hospital (SKIP TO QUESTION GT4)

GT2. Do you collect products for third party vendors (including cord blood banks, NMDP, and other suppliers of CT products)?

☐ Yes
☐ No

If yes, how many did you collect in 2010? [Check appropriate boxes below.]

	HPC-A Hematopoietic Progenitor Cells – Apheresis	HPC-M Hematopoietic Progenitor Cells – Marrow	HPC-C Hematopoietic Progenitor Cells – Cord	Other
<10 per year				
11-100 per year				
101-500 per year				
>500 per year				

GT3. Are any CT products at your facility used for cardiology applications?

☐ Yes

☐ No

☐ Don't know

GT4. Does your program collect cord blood?

☐ Yes

☐ No

Is your cord blood collected by:

☐ A nurse midwife/obstetrician
☐ Dedicated cord blood bank collector

GT5. How many of each of the following product types were collected/processed at your institution in 2010? [For purposes of the survey, autologous cord blood refers to familial use in 1st or 2nd degree relatives.]

		Collected		Processed
		Autologous	Allogeneic	See Glossary
a.	Peripheral blood progenitor cell collections (HPC-A)			
b.	Marrow collections (HPC-M)			
c.	Cord blood collections (HPC-C)			
d.	Donor lymphocyte infusion (DLI or unmanipulated non-mobilized peripheral blood mononuclear cells)			
e.	Immunotherapies (natural killer cells, dendritic cells, T cells, and others, but excluding DLI)			
f.	Hematopoietic stem/progenitor cells, expanded			
g.	Nonhematopoietic stem cells [mesenchymal stem cells (or multipotent stromal cells per ISCT recommendations), other]			
h.	Other products			

GT6. Indicate the number of infusion episodes and the number of patient recipients of cell therapies by product type at your institution in 2010. [For purposes of the survey, autologous cord blood refers to familial use in 1st or 2nd degree relatives]

		Autologous Infusions		Allogeneic Infusions	
		Total No. of Episodes	**Total No. of Patients**	**Total No. of Episodes**	**Total No. of Patients**
a.	Peripheral blood progenitor cell products (HPC-A)				
b.	Bone marrow products (HPC-M)				
c.	Cord blood products (HPC-C)				
d.	Donor Lymphocyte infusion (DLI or unmanipulated non-mobilized peripheral blood mononuclear cells)				
e.	Immunotherapies (natural killer cells, dendritic cells, T cells, and others, but excluding DLI)				
f.	Hematopoietic stem/progenitor cells, expanded				
g.	Nonhematopoietic stem cells [mesenchymal stem cells (or multipotent stromal cells per ISCT recommendations) other]				
h.	Other Products				

GT7. How many severe donor adverse events were reported to you in 2010?

_____events

GT8. How many adverse reactions were reported in 2010 in recipients of cellular therapies?

_____allogeneic influsions
_____autologous influsions

Thank you very much for your help!

Please return the questionnaire in the enclosed postage-paid envelope.

National Blood Collection and Utilization Survey
[INSERT RETURN ADDRESS HERE]

Survey Glossary

Autologous: self-directed donations.

Collected: successful whole blood or apheresis collections placed into production (not QNS, or other removals).

Community: in this survey refers to those allogeneic donations not directed to a specific patient.

Deferrals: The number of donors deferred for specific reasons:

A) Donors deferred for low hemoglobin do not meet the current FDA blood hemoglobin level requirements for blood donation.

B) Deferrals for other medical reasons may include the use of medications on the medication deferral list, growth hormone from human pituitary glands, insulin from cows (bovine, or beef, insulin), Hepatitis B Immune Globulin (HBIG), unlicensed vaccines, or presenting with physical conditions or symptoms that do not qualify a person to be a blood donor.

C) High-risk behavior deferrals include deferrals intended to reduce the risk of transmission of infectious diseases including HIV and hepatitis viruses. Examples of questions intended to identify these risks are sexual contact and needle use questions.

D) Travel deferrals are deferrals for travel to a specific region of the world.

Directed: allogeneic donations intended for a specific patient.

Dose/Dosage: a quantity administered at one time, such as a specified volume of platelet concentrates.

FFP: fresh frozen plasma.

First-time donor: first time at your center

Modify: used in this survey to refer to procedures applied by a blood center, hospital blood bank, or transfusion service that may affect the quality or quantity of the final product (eg, irradiation, leukofiltration, or production of aliquots of lesser volume).

Plasma, frozen within 24 hours of phlebotomy: plasma separated from the blood of an individual donor and placed at –18 C or colder within 24 hours of collection from the donor. Sometimes also referred to as **FP24**.

Plasma, Jumbo: for the purposes of this survey, FFP having a volume greater than 400 mL.

Present to Donate: A person presents to donate when he or she initiates the donation process through appearance and registration at a donation site.

Processed: subjected, after collection, to any manipulation or storage procedure. One cellular therapy product can be divided and processed in more than one way and would be counted as one collection but as two or more products processed.

Recipient: A unique individual patient receiving a transfusion one or more times in a calendar year.

Released for Distribution: units that have fulfilled all processing requirements and have been made available for transfer to customers.

Severe Donor Adverse Events: adverse events occurring in donors attributed to the donation process that include, for example, major allergic reaction, arterial puncture, loss of consciousness of a minute or more, loss of consciousness with injury, nerve irritation, etc.

Transfusion Service: a facility that performs, or is responsible for the performance of, the storage, selection, and issuance of blood and blood components to intended recipients.

Tissue: Articles containing or consisting of human cells or tissues that are intended for implantation, transplantation, infusion, or transfer to a human recipient, to include musculoskeletal tissue, skin, ocular tissue, human heart valves, dura mater, reproductive tissues, tissue/device, and other combination therapies. Not included: vascularized human organs, minimally manipulated marrow, xenografts, blood products, hematopoietic stem/progenitor cells, other cellular therapies, human milk, collagen, cell factors, in-vitro diagnostic products, and blood vessels (“conduits”) recovered with organs for use in organ transplantation.

Survey Glossary

Autologous: Self-directed donations. Autologous cord blood refers to familial use in 1st or 2nd degree relatives.

Collected: successful collections placed into production (not QNS, or other removals).

Episode or Infusion Episode: infusion of one product type (eg, peripheral blood stem cells) to a patient/recipient. The infusion episode may involve infusion of one or more containers of that product type.

Modify: used in this survey to refer to procedures applied by a blood center, hospital blood bank, or transfusion service that may affect the quality or quantity of the final product (eg, irradiation, leukofiltration, or production of aliquots of lesser volume).

Processed: subjected, after collection, to any manipulation or storage procedure. One cellular therapy product can be divided and processed in more than one way and would be counted as one collection but as two or more products processed.

Severe Donor Adverse Events: adverse events occurring in donors attributed to the donation process that include, for example, major allergic reaction, arterial puncture, loss of consciousness of a minute or more, loss of consciousness with injury, nerve irritation, etc.

Transfusion Service: a facility that performs, or is responsible for the performance of, the storage, selection, and issuance of blood and blood components to intended recipients.