

Hemovigilance Module Monthly Reporting Denominators

*Required for saving

*Facility ID#: _____ *Month: _____ *Year: _____

Product		*Units Transfused	*Aliquots Transfused
Red blood cells	Whole blood derived	TOTAL	
		Irradiated	
		Leukocyte reduced	
		Irradiated and leukocyte reduced	
	Apheresis	TOTAL	
		Irradiated	
		Leukocyte reduced	
		Irradiated and leukocyte reduced	
Platelets	Whole blood derived	TOTAL	
		Irradiated	
		Leukocyte reduced	
		Irradiated and leukocyte reduced	
	Apheresis	TOTAL	
		Irradiated	
		Leukocyte reduced	
		Irradiated and leukocyte reduced	
Plasma (all types)	Total whole blood derived		
	Total apheresis		
Cryoprecipitate			

*Total samples collected: _____

Custom Fields	
Label	Label
_____	_____
_____	_____

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333 ATTN: PRA (0920-0666).