



## Hemovigilance Module Monthly Reporting Denominators

\*Required for saving

\*Facility ID#: \_\_\_\_\_ \*Month: \_\_\_\_\_ \*Year: \_\_\_\_\_

Products	*Units Transfused	*Aliquots Transfused	*Total Discards
Whole Blood	<b>TOTAL</b>		
	<b>TOTAL</b>		
Whole blood derived	Not irradiated or leukocyte reduced		
	Irradiated		
	Leukocyte reduced		
Red blood cells	Irradiated and leukocyte reduced		
	<b>TOTAL</b>		
Apheresis	Not irradiated or leukocyte reduced		
	Irradiated		
	Leukocyte reduced		
	Irradiated and leukocyte reduced		
	<b>TOTAL</b>		
Whole blood derived	Not irradiated or leukocyte reduced		
	Irradiated		
	Leukocyte reduced		
Platelets	Irradiated and leukocyte reduced		
	<b>TOTAL</b>		
Apheresis	Not irradiated or leukocyte reduced		
	Irradiated		
	Leukocyte reduced		
	Irradiated and leukocyte reduced		
Plasma (all types)	Total whole blood derived		
	Total apheresis		
Cryoprecipitate			

\*Does your facility transfuse psoralen-treated blood products?  Yes  No

^If Yes, complete the following table:

Products	Units Transfused	Aliquots Transfused	Total Discards
Platelets	Whole blood derived Psoralen-treated		
	Apheresis Psoralen-treated		
Plasma (all types)	Whole blood derived Psoralen-treated		
	Apheresis Psoralen-treated		

**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 1 hour 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).



## Hemovigilance Module Monthly Reporting Denominators

\*Patient samples collected for type and screen or crossmatch: \_\_\_\_\_

\*Total crossmatch procedures: \_\_\_\_\_

Total patients transfused: \_\_\_\_\_

### Custom Fields

Label		Label	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____