Form Approved
OMB No. 0920-0666
Exp. Date: xx/xx/20xx
www.cdc.gov/nhsn

Hemovigilance Module
Monthly Reporting Denominators

*Required for saving

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

Table 1

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

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)).

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*Does your facility transfuse blood products treated with pathogen reduction technology? _____ Yes _____ No
^If yes, then complete Table 2.

Table 2

Products			Units Transfused	Aliquots Transfused	Total Discards
Red blood cells	Whole blood derived	TOTAL			
		S-303-treated			
		Riboflavin-treated			
	Apheresis	TOTAL			
		S-303 -treated			
		Riboflavin-treated			
Platelets	Whole blood derived	TOTAL			
		Psoralen-treated			
		Riboflavin-treated			
	Apheresis	TOTAL			
		Psoralen-treated			
		Riboflavin-treated			
Plasma (all types)	Whole blood derived	TOTAL			
		Psoralen-treated			
		Riboflavin-treated			
	Apheresis	TOTAL			
		Psoralen-treated			
		Riboflavin-treated			
Cryoprecipitate		TOTAL			
		Psoralen-treated			
		Riboflavin-treated			

^If your facility transfused pathogen reduced apheresis platelets (e.g., the apheresis platelet total in table 2 is greater than 0), then complete Table 3.

Table 3

Products			Units Transfused	Aliquots Transfused	Total Discards
Platelets	Apheresis	Psoralen-treated			
		Psoralen-treated and in Plasma			
		Psoralen-treated and in Platelet additive solution			
		Riboflavin-treated			
		Riboflavin-treated and in Plasma			
		Riboflavin-treated and in Platelet additive solution			

*Patient samples collected for type and screen or crossmatch: _____

*Total crossmatch procedures: _____

Total patients transfused: _____

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Custom Fields			
Label		Label	
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