



Hemovigilance Module Monthly Reporting Denominators

*Required for saving

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

Table 1

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

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Public reporting burden of this collection of information is estimated to average 70 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).



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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 | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |