



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			
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)).

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	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____