

FACILITY NAME \_\_\_\_\_

NBCUS ID \_\_\_\_\_

Form Approved  
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Exp. Date: xx/xx/xxxx



# 2021 National Blood Collection and Utilization Survey

The Office of the Assistant Secretary for Health and the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS), are conducting the 2021 National Blood Collection and Utilization Survey (NBCUS). The NBCUS is a biennial, cross-sectional survey of all US blood collection centers and more than 2,800 hospitals that transfuse blood and blood components. This survey is used to characterize blood and blood component collection and transfusion practices. The information is used to understand blood demand and project future blood needs in the United States.

The 2021 NBCUS covers the period of collection and utilization from January 1, 2020 to December 31, 2021. Questions were added specifically to gain information on the impact of COVID-19 on the blood supply and utilization in 2020. Please assist us by completing the online survey by **June 11, 2022**. The link to complete the survey is included in an email sent to your facility and is unique to your facility. Please do not share the link with personnel outside your institution. Once you click the link (or copy and paste into a browser window) you will be directed to the 2021 NBCUS Portal Page. On the Portal Page, you will find instructions for completing the survey and a brief description of each section. If you are not the appropriate person to complete any portion of the survey or if you do not have all of the requested information, please forward the link to the person in your institution who can best provide the information.

Your responses will remain anonymous in the final dataset. While results of this survey will be released in aggregate form and data may be made available in the form of a de-identified dataset, no specific institutional identifiable information will be included.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0313. The time required to complete this information collection is estimated to average 4 hours/ 0 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.

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Please provide the contact information for the primary person responsible for completing this section. Once you have submitted the survey, a PDF including your responses will be sent to the email address entered below. (\* indicates a required field)

Prefix

First Name<sup>1</sup>

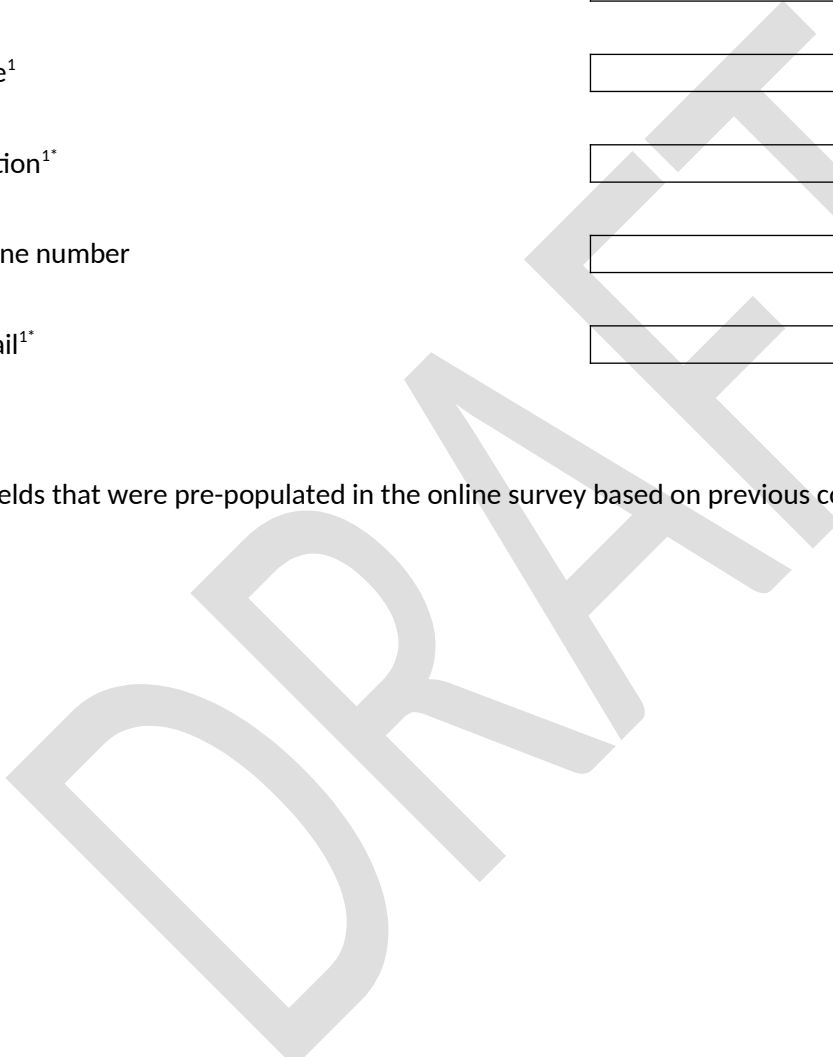
Last Name<sup>1</sup>

Title/Position<sup>1\*</sup>

Work Phone number

Work Email<sup>1\*</sup>

<sup>1</sup>Denotes fields that were pre-populated in the online survey based on previous correspondence.



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B1a. Does your institution collect blood from donors? (Even if you collect autologous units only, select "Yes.")

- Yes
- No (if 'No', skip to section C)

B1b. If your facility is reporting data based on multiple facilities, please list the name of each facility below:

Facility Names

B2a. During 2021, how many **whole blood collection procedures** were successfully completed by your institution in each of the following categories? Do not count low-volume or incomplete procedures. (\* indicates a required field)

Allogeneic whole blood*	<input type="text"/>
	Number of collection procedures
Autologous whole blood*	<input type="text"/>
	Number of collection procedures
Directed whole blood*	<input type="text"/>
	Number of collection procedures
Total whole blood*	<input type="text"/>
	Number of collection procedures

B2b. During 2021, how many **apheresis collections procedures**<sup>1</sup> (not components collected) were successfully completed by your institution in each of the following categories? Do not count low volume or incomplete procedures. (\* indicates a required field)

Apheresis red blood cells only*	<input type="text"/>
	Number of collection procedures
Apheresis platelets only*	<input type="text"/>
	Number of collection procedures
Apheresis plasma only*	<input type="text"/>
	Number of collection procedures
Apheresis red blood cells AND platelets*	<input type="text"/>
	Number of collection procedures
Apheresis red blood cells AND plasma*	<input type="text"/>

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Apheresis platelets AND plasma\*

Number of collection procedures

Number of collection procedures

Apheresis red blood cells AND platelets AND plasma\*

Number of collection procedures

Total apheresis collection procedures (including all types of apheresis collections)\*

Number of collection procedures

<sup>1</sup>For example, an apheresis collection that resulted in platelet and plasma units should be counted as a single platelet collection OR a single plasma collection, not counted under both.

B2c. During 2021, from the **whole blood** collection procedures recorded in **B2a**, how many units of **whole blood for distribution as whole blood** were prepared by your institution in each of the following categories?

Allogeneic whole blood

Number of units prepared

Autologous whole blood

Number of units prepared

Directed whole blood

Number of units prepared

Total whole blood

Number of units prepared

B2d. During 2021, from the **whole blood** collection procedures recorded in **B2a**, how many **red blood cell units** were prepared (i.e., separated from a unit of whole blood) by your institution in each of the following categories (\* indicates a required field)?

Allogeneic whole blood-derived red blood cell units\*

Number of units prepared

Autologous whole blood-derived red blood cell units\*

Number of units prepared

Directed whole blood-derived red blood cell units\*

Number of units prepared

Total whole blood-derived red blood cell units\*

Number of units prepared

B2e. During 2021, from the **apheresis** collection procedures recorded in **B2b**, how many **red blood cell units** were collected by your institution in each of the following categories? (\* indicates a required field)

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Allogeneic apheresis red blood cell units\*

Number of units collected

Autologous apheresis red blood cell units\*

Number of units collected

Directed apheresis red blood cell units\*

Number of units collected

Total apheresis red blood cell units\*

Number of units collected

B2f. During 2021, from the **whole blood** collection procedures recorded in **B2a**, how many **individual platelet units** were prepared (i.e., separated from a unit of whole blood) by your institution?

Individual whole blood-derived platelet units<sup>1</sup>

Number of units prepared

<sup>1</sup>For example, if your institution pooled 5 individual platelet units per pool and manufactured 1000 pools of platelets, 5000 individual whole blood-derived platelet units should be recorded.

B2g. During 2021, from the **apheresis** collection procedures recorded in **B2b**, how many **platelet units** were collected by your institution in each of the following categories? (\* indicates a required field)?

Allogeneic apheresis platelet units

Number of units collected

Single

Number of units collected

Double<sup>1</sup>

Number of units collected

Triple<sup>1</sup>

Number of units collected

Directed apheresis platelet units

Number of units collected

Total apheresis platelet units\*

Number of units collected

<sup>1</sup>Count double collections as two units and triple collections as three units.

B2h. During 2021, what was the average number of individual platelet units included per pre-storage pool of whole blood-derived platelets?

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Free text, numeric values only

B2i. During 2021, from the **apheresis** collection procedures recorded in **B2b**, how many **plasma units** were collected by your institution?

Total apheresis plasma units

Number of units collected

B2j. During 2021, from the **whole blood** collection procedures recorded in **B2a**, how many **plasma units** were successfully prepared (i.e., separated from a unit of whole blood) by your institution?

Total whole blood-derived plasma units

Number of units prepared

B2k. During 2021, how many units of **group AB plasma** were collected by your institution? (Count apheresis plus whole blood-derived units)

Group AB plasma

Number of units collected

B2l. During 2021, how many units of **COVID-19 convalescent plasma** were collected by your institution? (Count apheresis plus whole blood-derived units)

COVID-19 convalescent plasma<sup>1</sup>

Number of units collected

<sup>1</sup> Convalescent plasma collected from individuals who have recovered from COVID-19.

B2m. During 2021, from the **whole blood** collection procedures recorded in **B2a**, how many individual **cryoprecipitated AHF units**<sup>1</sup> were successfully prepared by your institution? (\* indicates a required field)

Individual cryoprecipitated AHF units\*

Number of units prepared

<sup>1</sup>For example, if your institution pooled 5 individual cryoprecipitated AHF units per pool and collected 1000 units, 5000 individual cryoprecipitated AHF units should be recorded. If your institution pooled 10 individual cryoprecipitated AHF units per pool and collected 1000 pools, 10,000 individual cryoprecipitated AHF units should be recorded.

B2n. During 2021, what was the average number of cryoprecipitated AHF units per whole blood-derived cryoprecipitated AHF pool?

Free text, numeric values only

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B2o. During 2021, how many **granulocytes** were **collected** by your institution?

Granulocyte units

Number of units collected

B3. During 2021, for each product, what was the total number of **allogeneic units** (non-directed and directed combined) **discarded** for: (\* indicates a required field)

Reactive infectious disease testing results

Whole blood donation<sup>1\*</sup>

Number of units discarded

Apheresis red blood cells\*

Number of units discarded

Apheresis plasma\*

Number of units discarded

Apheresis platelets\*

Number of units discarded

All other reasons (e.g., low volume, broken bag, etc.) **not** including outdated components

Whole blood donation<sup>1\*</sup>

Number of units discarded

Apheresis red blood cells\*

Number of units discarded

Apheresis plasma\*

Number of units discarded

Apheresis platelets\*

Number of units discarded

<sup>1</sup>If any or all components of a whole blood-derived collection are discarded, please record it as one unit. For example, if either an entire whole blood collection or both the plasma and the red blood cells prepared from a single whole blood collection are discarded, it is counted as one unit discarded. If the plasma from a whole blood donation was discarded (i.e., the red blood cells from same donation is successfully distributed), it is also counted as one unit discarded.

B4a. During 2021, how many people **presented to donate** including successful and unsuccessful donations, and those who deferred (\* indicates required field)?

Male

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Female

Number presenting to donate

Number presenting to donate

Prefer other self-description<sup>1</sup>

Number presenting to donate

Total\*

Number presenting to donate

<sup>1</sup>“Prefer other self-description” includes anyone who does not identify as male or female and should be included as part of the total donors presenting to donate.

B4b. Please list categories which may be classified under “prefer other self-description”:

Sex or Gender Identities

B5. During 2021, how many **donors** were **deferred** for the following reasons<sup>1</sup>:

Low hemoglobin or low hematocrit

Male

Number of donors deferred

Female

Number of donors deferred

Prefer other self-description<sup>2</sup>

Number of donors deferred

Total

Number of donors deferred

Medication use

Total

Number of donors deferred

Pulse



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Total	<input type="text"/>
	Number of donors deferred
Blood pressure	
Total	<input type="text"/>
	Number of donors deferred
High-risk behavior (restricted to MSM)	
Total	<input type="text"/>
	Number of donors deferred
High-risk behaviors (all other behaviors)	
Total	<input type="text"/>
	Number of donors deferred
Travel and/or residence	
Total	<input type="text"/>
	Number of donors deferred
Tattoo/piercing/scarring	
Total	<input type="text"/>
	Number of donors deferred
Other non-medical reasons	
Total	<input type="text"/>
	Number of donors deferred
Total presenting donors deferred for any reason	
Male	<input type="text"/>
	Number of donors deferred
Female	<input type="text"/>
	Number of donors deferred
Prefer other self-description <sup>2</sup>	<input type="text"/>
	Number of donors deferred
Total	<input type="text"/>
	Number of donors deferred

<sup>1</sup>If donor was deferred for multiple reasons, count all.

<sup>2</sup>“Prefer other self-description” includes anyone who does not identify as male or female and should be included as part of the total donors presenting to donate.

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B6. During 2021, how many of the following types of **donors** did your institution successfully collect blood products from and how many **donations** did they make?

First-time allogeneic donors	<input type="text"/>
	Number of donors
Donations from first time allogeneic donors	<input type="text"/>
	Number of donations
Repeat allogeneic donors (count a single repeat donor only once)	<input type="text"/>
	Number of donors
Donations from repeat allogeneic donors	<input type="text"/>
	Number of donations
Directed donors	<input type="text"/>
	Number of donors
Autologous donors	<input type="text"/>
	Number of donors

B7. During 2021, how many **allogeneic whole blood and apheresis red blood cell donations** combined were successfully collected from the following donor age groups?<sup>1</sup>

Donors aged 15 years	<input type="text"/>
	Number of donations
Donors aged 16 years	<input type="text"/>
	Number of donations
Donors aged 17 years	<input type="text"/>
	Number of donations
Donors aged 18 years	<input type="text"/>
	Number of donations
Donors aged 19-24 years	<input type="text"/>
	Number of donations
Donors aged 25-44 years	<input type="text"/>
	Number of donations
Donors aged 45-64 years	<input type="text"/>
	Number of donations
Donors aged 65-74 years	<input type="text"/>
	Number of donations
Donors aged ≥75 years	<input type="text"/>
	Number of donations

<sup>1</sup>Combine whole blood donations and apheresis red blood cell donations.

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B8. During 2021, how many **donations of allogeneic whole blood and red blood cell units** were successfully collected from donors who identify as<sup>1</sup>:

Hispanic or Latino	<input type="text"/>
	Number of donations
Black or African American	<input type="text"/>
	Number of donations
Asian	<input type="text"/>
	Number of donations
Native Hawaiian or Pacific Islander	<input type="text"/>
	Number of donations
American Indian or Alaska Native	<input type="text"/>
	Number of donations

<sup>1</sup> More than one category can be selected for a single donor.

B9. How many **severe donor-related adverse events**<sup>1</sup> were experienced by donors during 2021?

Whole blood collections	
All donors	<input type="text"/>
	Number of severe reactions
Aged ≤18 years	<input type="text"/>
	Number of severe reactions
Aged ≥19 years old	<input type="text"/>
	Number of severe reactions
Apheresis collections	
All donors	<input type="text"/>
	Number of severe reactions
Aged ≤18 years	<input type="text"/>
	Number of severe reactions
Aged ≥19 years	<input type="text"/>
	Number of severe reactions

<sup>1</sup> AABB Donor Hemovigilance Working Group grade 2 or higher (e.g., adverse event with duration > 2 weeks; resulted in limitation in activities of daily living; or required transport to emergency department, sutures, or antibiotics). See [https://www.aabb.org/docs/default-source/default-document-library/resources/severity-grading-tool-for-donor-adverse-events.pdf?sfvrsn=ff563263\\_4](https://www.aabb.org/docs/default-source/default-document-library/resources/severity-grading-tool-for-donor-adverse-events.pdf?sfvrsn=ff563263_4).

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B10a. During 2021, how many units of **whole blood intended for transfusion as whole blood** were imported, distributed, and outdated by your institution? (\* indicates required fields)

Imported whole blood intended for transfusion as whole blood

Allogeneic	<input type="text"/>
	Number of units imported
Autologous	<input type="text"/>
	Number of units imported
Directed	<input type="text"/>
	Number of units imported
Total*	<input type="text"/>
	Number of units imported

Distributed whole blood intended for transfusion as whole blood<sup>1</sup> (collected and imported)

Allogeneic	<input type="text"/>
	Number of units distributed
Autologous	<input type="text"/>
	Number of units distributed
Directed	<input type="text"/>
	Number of units distributed
Total*	<input type="text"/>
	Number of units distributed

Outdated whole blood intended for transfusion as whole blood (collected and imported)

Allogeneic	<input type="text"/>
	Number of units outdated
Autologous	<input type="text"/>
	Number of units outdated
Directed	<input type="text"/>
	Number of units outdated
Total*	<input type="text"/>
	Number of units outdated

<sup>1</sup>Units distributed more than once (e.g., because they have been returned) should be counted only once.

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B10b. During 2021, how many units of **whole blood-derived red blood cells** were imported, distributed, and outdated by your institution? (\*indicates a required field)

Imported whole blood-derived red blood cells

Allogeneic	<input type="text"/>
	Number of units imported
Allogeneic group O+	<input type="text"/>
	Number of units imported
Allogeneic group O-	<input type="text"/>
	Number of units imported
Autologous	<input type="text"/>
	Number of units imported
Directed	<input type="text"/>
	Number of units imported
Total*	<input type="text"/>
	Number of units imported

Distributed whole blood-derived red blood cells<sup>1</sup> (collected and imported)

Allogeneic	<input type="text"/>
	Number of units distributed
Allogeneic group O+	<input type="text"/>
	Number of units distributed
Allogeneic group O-	<input type="text"/>
	Number of units distributed
Autologous	<input type="text"/>
	Number of units distributed
Directed	<input type="text"/>
	Number of units distributed
Total*	<input type="text"/>
	Number of units distributed

Outdated whole blood-derived red blood cells (collected and imported)

Allogeneic	<input type="text"/>
	Number of units outdated
Allogeneic group O+	<input type="text"/>
	Number of units outdated
Allogeneic group O-	<input type="text"/>

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	Number of units outdated
Autologous	<input style="width: 100%;" type="text"/>
	Number of units outdated
Directed	<input style="width: 100%;" type="text"/>
	Number of units outdated
Total*	<input style="width: 100%;" type="text"/>
	Number of units outdated

<sup>1</sup>Units distributed more than once (e.g., because they have been returned) should be counted only once.

B10c. During 2021, how many units of **apheresis red blood cells** were imported, distributed, and outdated by your institution? (\* indicates required fields)

Imported apheresis red blood cells

Allogeneic	<input style="width: 100%;" type="text"/>
	Number of units imported
Allogeneic group O+	<input style="width: 100%;" type="text"/>
	Number of units imported
Allogeneic group O-	<input style="width: 100%;" type="text"/>
	Number of units imported
Autologous	<input style="width: 100%;" type="text"/>
	Number of units imported
Directed	<input style="width: 100%;" type="text"/>
	Number of units imported
Total*	<input style="width: 100%;" type="text"/>
	Number of units imported

Distributed apheresis red blood cells<sup>1</sup> (collected and imported)

Allogeneic	<input style="width: 100%;" type="text"/>
	Number of units distributed
Allogeneic group O+	<input style="width: 100%;" type="text"/>
	Number of units distributed
Allogeneic group O-	<input style="width: 100%;" type="text"/>
	Number of units distributed
Autologous	<input style="width: 100%;" type="text"/>
	Number of units distributed
Directed	<input style="width: 100%;" type="text"/>
	Number of units distributed
Total*	<input style="width: 100%;" type="text"/>

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Number of units distributed

Outdated apheresis red blood cells (collected and imported)

Allogeneic	<input type="text"/>
	Number of units outdated
Allogeneic group O+	<input type="text"/>
	Number of units outdated
Allogeneic group O-	<input type="text"/>
	Number of units outdated
Autologous	<input type="text"/>
	Number of units outdated
Directed	<input type="text"/>
	Number of units outdated
Total*	<input type="text"/>
	Number of units outdated

<sup>1</sup>Units distributed more than once (e.g., because they have been returned) should be counted only once.

B10d. During 2021, how many units of **apheresis platelets** were imported, distributed, and outdated by your institution? (\* indicates a required field)

Imported apheresis platelets

Allogeneic	<input type="text"/>
	Number of units imported
Directed	<input type="text"/>
	Number of units imported
Total*	<input type="text"/>
	Number of units imported

Distributed apheresis platelets (including imported units)<sup>1</sup> (collected and imported)

Allogeneic	<input type="text"/>
	Number of units distributed
Single collection	<input type="text"/>
	Number of units distributed
Double collection <sup>1</sup>	<input type="text"/>
	Number of units distributed
Triple collection <sup>1</sup>	<input type="text"/>

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	Number of units distributed
Directed	<input style="width: 100%;" type="text"/>
	Number of units distributed
Total*	<input style="width: 100%;" type="text"/>
	Number of units distributed

Outdated apheresis platelets (collected and imported)

Allogeneic	<input style="width: 100%;" type="text"/>
	Number of units outdated
Directed	<input style="width: 100%;" type="text"/>
	Number of units outdated
Total*	<input style="width: 100%;" type="text"/>
	Number of units outdated

<sup>1</sup>Units distributed more than once (e.g., because they have been returned) should be counted only once.

B10e. During 2021, how many units of **whole blood-derived platelets** were imported, distributed, and outdated by your institution? (\* indicates a required field)

Imported whole blood-derived platelets

Individual*	<input style="width: 100%;" type="text"/>
	Number of units imported
Platelet pools <sup>1</sup>	<input style="width: 100%;" type="text"/>
	Number of pools imported

Distributed whole blood-derived platelets<sup>2</sup> (collected and imported)

Individual*	<input style="width: 100%;" type="text"/>
	Number of units distributed
Platelet pools <sup>1</sup>	<input style="width: 100%;" type="text"/>
	Number of pools distributed

Outdated whole blood-derived platelets (collected and imported)

Individual*	<input style="width: 100%;" type="text"/>
	Number of units outdated
Platelet pools <sup>1</sup>	<input style="width: 100%;" type="text"/>
	Number of pools outdated

<sup>1</sup>Number of platelet pools prepared from whole blood collections. Do not include the same platelet units in both the individual unit and platelet pool counts. For this question, individual units of whole blood-derived platelets and platelet pools are mutually exclusive.

<sup>2</sup>Units distributed more than once (e.g., because they have been returned) should be counted only once.



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B10f. During 2021, how many units of **apheresis plasma** were imported, distributed, and outdated by your institution? (\* indicates a required field)

Imported apheresis plasma

Total\*   
Number of units imported

Distributed apheresis plasma<sup>1</sup> (collected and imported)

FFP<sup>2</sup>   
Number of units distributed

PF24<sup>3</sup>   
Number of units distributed

PF24RT24<sup>4</sup>   
Number of units distributed

Liquid   
Number of units distributed

Jumbo FFP (>400 mL)<sup>5</sup>   
Number of units distributed

COVID-19 convalescent plasma<sup>6</sup>   
Number of units distributed

Total\*   
Number of units distributed

Outdated apheresis plasma (collected and imported)

Total\*   
Number of units outdated

<sup>1</sup>Units distributed more than once (e.g., because they have been returned) should be counted only once.

<sup>2</sup>Fresh frozen plasma (FFP): plasma frozen at -18C or colder within 8 hours of collection.

<sup>3</sup>Plasma frozen within 24 hours of phlebotomy (PF24): plasma separated from the blood of an individual donor and placed at -18C or colder within 24 hours of collection from the donor.

<sup>4</sup>Plasma frozen within 24 hours of phlebotomy and held at room temperature up to 24 hours after phlebotomy (PF24RT24): plasma held at room temperature for up to 24 hours after collection and then frozen at -18C or colder.

<sup>5</sup>Plasma, Jumbo: FFP having a volume greater than 400 mL.

<sup>6</sup>Convalescent plasma collected from individuals who have recovered from COVID-19, including units collected under the EUA, units collected and distributed for clinical trials and units disseminated under emergency Investigational New Drug (eIND) application.

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B10g. During 2021, how many units of **whole blood-derived plasma** were imported, distributed, and outdated by your institution? (\* indicates a required field)

Imported whole blood-derived plasma

Total\*   
Number of units imported

Distributed whole blood-derived plasma<sup>1</sup> (collected and imported)

FFP<sup>2</sup>   
Number of units distributed

PF24<sup>3</sup>   
Number of units distributed

Cryoprecipitate reduced   
Number of units distributed

Liquid   
Number of units distributed

PF24RT24   
Number of units distributed

COVID-19 convalescent plasma   
Number of units distributed

Total\*   
Number of units distributed

Outdated whole blood-derived plasma (collected and imported)

Total\*   
Number of units outdated

<sup>1</sup>Units distributed more than once (e.g., because they have been returned) should be counted only once.

<sup>2</sup>Fresh frozen plasma (FFP): plasma frozen at -18C or colder within 8 hours of collection.

<sup>3</sup>Plasma frozen within 24 hours of phlebotomy (PF24): plasma separated from the blood of an individual donor and placed at -18C or colder within 24 hours of collection from the donor.

B10h. During 2021, how many units of group AB plasma were distributed and outdated by your institution? (collected and imported)

Units distributed<sup>1</sup>   
Number of units

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Units outdated

Number of units

<sup>1</sup>Units distributed more than once (e.g., because they have been returned) should be counted only once.

B10i. During 2021, how many units of **cryoprecipitated AHF** were imported, distributed, and outdated by your institution? (\* indicates a required field)

Imported cryoprecipitated AHF<sup>1</sup>

Individual units\*

Number of units imported

Cryoprecipitated AHF pools<sup>1</sup>

Number of pools imported

Distributed cryoprecipitated AHF<sup>2</sup> (collected and imported)

Individual units\*

Number of units distributed

Cryoprecipitated AHF pools<sup>1</sup>

Number of pools distributed

Outdated cryoprecipitated AHF (collected and imported)

Individual units\*

Number of units outdated

Cryoprecipitated AHF pools<sup>1</sup>

Number of pools outdated

<sup>1</sup>Number of cryoprecipitated AHF pools prepared from whole blood collections. Do not include the same cryoprecipitated AHF units in both the individual unit and cryoprecipitated AHF pool counts. For this question, individual units of cryoprecipitated AHF and cryoprecipitated AHF pools are mutually exclusive.

<sup>2</sup> Units distributed more than once (e.g., because they have been returned) should be counted only once.

B10j. During 2021, how many units of **granulocytes** were imported, distributed, and outdated by your institution? (\* indicates a required field)

Imported granulocyte units\*

Number of units imported

Distributed granulocyte units<sup>1\*</sup> (collected and imported)

Number of units distributed

Outdated granulocyte units\* (collected and imported)

Number of units outdated

<sup>1</sup> Units distributed more than once (e.g., because they have been returned) should be counted only once.

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B11a. During 2021, did your institution prepare apheresis platelets using platelet additive solution?

- Yes
- No (if 'No', skip to B12)

B11b. During 2021, how many apheresis platelet units were prepared using platelet additive solution?

Free text, numeric values only

B12. During 2021, for each of the following categories, how many units did your institution collect, prepare, or modify to achieve **pre-storage leukoreduction**?

Whole blood units

Number of units leukoreduced

Whole blood-derived RBC units

Number of units leukoreduced

Apheresis RBC units

Number of units leukoreduced

Whole blood-derived platelet units

Number of units leukoreduced

B13. Does your facility use hematopoietic growth factor mobilization for granulocyte collections?

- Yes
- No
- Not applicable because granulocytes are not collected

B14a. Does your institution type red blood cell antigens using a molecular assay (e.g., genotyping)?

- Yes
- No (if No, skip to B15)

B14b. How many red blood cell donors were typed using a molecular assay (e.g., genotyping)?

Number of donors

B15a. During 2021, which of the following bacterial risk control strategies for platelets did your institution use? (select all that apply; if none are selected, skip to B16)

- Primary culture performed no sooner than 24 hours
- Large volume, delayed sampling no sooner than 36 hours
- Large volume, delayed sampling no sooner than 48 hours
- Pathogen reduction technology

FACILITY NAME \_\_\_\_\_

NBCUS ID \_\_\_\_\_

B15b. During 2021, how many apheresis platelet units were distributed that were subjected to the following bacterial risk control strategies for platelets?

Primary culture performed no sooner than 24 hours	<input type="text"/> Number of units distributed
Large volume, delayed sampling no sooner than 36 hours	<input type="text"/> Number of units distributed
Large volume, delayed sampling no sooner than 48 hours	<input type="text"/> Number of units distributed
Pathogen reduction technology	<input type="text"/> Number of units distributed

B16. During 2021, how many blood drives were cancelled?

  
Number of blood drives

B17. During 2021, did your facility experience a shortage of any blood products?

- Yes
- No

Note: The following questions were added specifically to gain information on the impact of COVID-19 on the blood supply in 2020.

Supplemental Section B: Impact of COVID-19 Pandemic on Blood Collection and Distribution in 2020

SB1. During each month in 2020, how many **whole blood collection procedures** were successfully completed by your institution? Do not count low-volume or incomplete procedures.

January	<input type="text"/> Number of collection procedures
February	<input type="text"/> Number of collection procedures
March	<input type="text"/> Number of collection procedures
April	<input type="text"/> Number of collection procedures
May	<input type="text"/>

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June	<input type="text"/> Number of collection procedures
July	<input type="text"/> Number of collection procedures
August	<input type="text"/> Number of collection procedures
September	<input type="text"/> Number of collection procedures
October	<input type="text"/> Number of collection procedures
November	<input type="text"/> Number of collection procedures
December	<input type="text"/> Number of collection procedures

SB2. During each month in 2020, how many units of **apheresis platelets** were distributed by your institution?

January	<input type="text"/> Number of units distributed
February	<input type="text"/> Number of units distributed
March	<input type="text"/> Number of units distributed
April	<input type="text"/> Number of units distributed
May	<input type="text"/> Number of units distributed
June	<input type="text"/> Number of units distributed
July	<input type="text"/> Number of units distributed
August	<input type="text"/> Number of units distributed
September	<input type="text"/> Number of units distributed

2021 HHS National Blood Collection and Utilization Survey (NBCUS)

FACILITY NAME \_\_\_\_\_

NBCUS ID \_\_\_\_\_

October

Number of units distributed

November

Number of units distributed

December

Number of units distributed

SB3. During 2020, did your institution collect convalescent plasma from donors?

- Yes
- No (if 'No', end of section supplemental section B)

SB4. During all months of 2020, how many **COVID-19 convalescent plasma collection units** were collected by your institution? Do not count low-volume or incomplete procedures. (\* indicates a required field)

COVID-19 convalescent plasma<sup>1</sup>

Number of units

<sup>1</sup> Convalescent plasma collected from individuals who have recovered from COVID-19

FACILITY NAME \_\_\_\_\_

NBCUS ID \_\_\_\_\_

Section C. Blood Transfusion

Please provide the contact information for the primary person responsible for completing this section.

Prefix

First Name

Last Name

Title/Position

Work Phone number

Work Email

C1. Is your institution directly involved in the transfusion of blood to patients? (NOTE: If your institution is a centralized transfusion service, your participating facilities may have been sent a link to complete the survey. If so, please answer "No" to this question and contact CDC at [nbcus@cdc.gov](mailto:nbcus@cdc.gov).)

- Yes
- No (if 'No', end of section)



FACILITY NAME \_\_\_\_\_

NBCUS ID \_\_\_\_\_

C2a. During 2021, did your facility transfuse **whole blood**? (i.e., whole blood that has not been separated into red blood cells, plasma, and/or platelets)?\* (indicates a required question)

- Yes
- No (if 'No', skip to C3a)

C2b. During 2021, for **allogeneic whole blood** (i.e. that has not been separated into red blood cell, plasma, and/or platelets), how many units did your institution transfuse, how many recipients were transfused, and how many units were outdated? (\* indicates required fields)

Allogeneic whole blood

Total units transfused\*

Number of units transfused

Total number of recipients

Number of recipients

Total outdated units\*

Number of units outdated

C3a. During 2021, for **allogeneic red blood cells**, how many units did your institution transfuse, how many recipients were transfused, and how many units were outdated? (\* indicates required fields)

Allogeneic red blood cells (include all blood groups)

Total units transfused\*

Number of units transfused

Total number of recipients

Number of recipients

Total outdated units\*

Number of units outdated

C3b. During 2021, for **group O+ and O- allogenic red blood cells**, how many units did your institution transfuse and how many units were outdated?

Allogeneic Group O+ red blood cells

Total units transfused

Number of units transfused

Total outdated units

Number of units outdated

FACILITY NAME \_\_\_\_\_

NBCUS ID \_\_\_\_\_

Allogeneic Group O- red blood cells

Total units transfused

Number of units transfused

Total outdated units

Number of units outdated

C4. During 2021, for **directed and autologous allogenic whole blood and red blood cells**, how many units did your institution transfuse, how many recipients were transfused, and how many units were outdated? (\* indicates a required field)

Directed whole blood units<sup>1</sup>

Number of units transfused to intended recipient\*

Number of units transfused

Number of recipients

Number of recipients

Outdated units\*

Number of units outdated

Directed red blood cell units<sup>1</sup>

Number of units transfused to intended recipient\*

Number of units transfused

Number of recipients

Number of recipients

Outdated units\*

Number of units outdated

Autologous whole blood units

Number of units transfused to intended recipient\*

Number of units transfused

Number of recipients

Number of recipients

Outdated units\*

Number of units outdated

Autologous red blood cell units

Number of units transfused to intended recipient\*

Number of units transfused

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Number of recipients

Number of recipients

Outdated units\*

Number of units outdated

<sup>1</sup>Directed units are those which have been donated by a family member or friend of the patient as a result of a patient request to be transfused with blood from a specific donor.

C5a. During 2021, how many units of each of the following components did your institution **transfuse** and how many units were **outdated** while on your shelf including units transfused to pediatric patients? (\* indicates required fields)

Transfusions

Whole blood-derived platelets (pre-storage pooled and individual platelet concentrates expressed as pooled equivalents)<sup>1\*</sup>

Number of units transfused

Apheresis platelet units <sup>2\*</sup>

Number of units transfused

Directed platelets to intended recipients<sup>3</sup>

Number of units transfused

Outdates

Whole blood-derived platelets (pre-storage pooled and individual platelet concentrates expressed as pooled equivalents)<sup>4\*</sup>

Number of units outdated

Apheresis platelet units (full unit)<sup>5\*</sup>

Number of units outdated

Directed platelets to intended recipients<sup>3</sup>

Number of units outdated

<sup>1</sup>Number of whole blood-derived platelet pools transfused. If any individual units of whole blood-derived platelets were transfused, convert these to a pooled equivalent. For example, if 200 platelet pools and 100 individual whole blood-derived platelet units were transfused and 5 individual platelet units are included per pool, then 220 units (200 + [100/5]) should be recorded.

<sup>2</sup>The number of apheresis platelet units transfused. In contrast to units of whole blood-derived platelets, no conversion calculation is needed.

<sup>3</sup>Directed units are those which have been donated by a family member or friend of the patient as a result of a patient request to be transfused with blood from a specific donor.

<sup>4</sup>Number of whole blood-derived platelet pools outdated. If any individual units of whole blood-derived platelets were outdated, convert these to a pooled equivalent. For example, if 200 platelet pools and 100 individual whole blood-derived platelet units were outdated and 5 individual platelet units are included per pool, then 220 units (200 + [100/5]) should be recorded.

<sup>5</sup>The number of apheresis platelet units outdated. In contrast to units of whole blood-derived platelets, no conversion calculation is needed.

FACILITY NAME \_\_\_\_\_

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C5b. During 2021, how many units of plasma did your institution **transfuse** and how many units were **outdated** while on your shelf including units transfused to pediatric patients? (\* indicates required fields)

Transfusions

Total Plasma\*

Number of units transfused

Outdates

Total Plasma\*

Number of units outdated

C5c. Among plasma units included in the response to question C5b, during 2021, how many units of each of the following components did your institution **transfuse** and how many units were **outdated** while on your shelf including units transfused to pediatric patients?

Transfusions

Thawed plasma<sup>1</sup> (i.e., used within 1-5 days of thaw)

Number of units transfused

Liquid plasma (i.e., never frozen)

Number of units transfused

Group AB plasma

Number of units transfused

COVID-19 convalescent plasma

Number of units transfused

Outdates

Thawed plasma<sup>1</sup> (i.e., used within 1-5 days of thaw)

Number of units outdated

Liquid plasma (i.e., never frozen)

Number of units outdated

Group AB plasma

Number of units outdated

COVID-19 convalescent plasma

Number of units outdated

<sup>1</sup>Thawed plasma: FFP, PF24, or PF24RT24 that has been thawed and held at 1 to 6 C for 1 to up to 5 days after thawing.

C5d. During 2021, how many units of each of the following components did your institution **transfuse** and how many units were **outdated** while on your shelf including units transfused to pediatric patients? (\* indicates required fields)

Transfusions

FACILITY NAME \_\_\_\_\_

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Cryoprecipitated AHF individual units transfused\*<sup>1</sup>

Number of units transfused

Cryoprecipitated AHF transfused pool size\*

Size of pool

Granulocytes units transfused\*

Number of units transfused

Outdates

Cryoprecipitated AHF individual units outdated\*<sup>1</sup>

Number of units outdated

Granulocytes units outdated\*

Number of units outdated

<sup>1</sup>Number of individual cryoprecipitated AHF units transfused. Please convert pools of cryoprecipitated AHF to individual units. For example, if 200 pools of cryoprecipitated AHF were transfused and 5 individual units were included per pool, please record 1000 units (200 pools \* 5 units/pool).

C6a. During 2021, did your facility transfuse blood to **pediatric** or **neonatal** patients? (Select all that apply)

- Yes, pediatric (>4 months old)
- Yes, neonatal (<=4 months old)
- No (skip to C9a)

C6b. Indicate the total number of units **transfused** to **pediatric** and **neonatal** patients during 2021.

**Pediatric Transfusions**

Number of units in whole or in part transfused for pediatric (>4 months old) patients<sup>1</sup>

Whole blood

Number of units transfused

Red blood cells

Number of units transfused

Plasma

Number of units transfused

Apheresis platelets

Number of units transfused

Whole blood-derived platelets

Number of units transfused

Cryoprecipitated AHF

Number of units transfused

FACILITY NAME \_\_\_\_\_

NBCUS ID \_\_\_\_\_

Total number of pediatric (>4 months old) recipients that received the following blood components

Whole blood	<input type="text"/>
	Number of recipients
Red blood cells	<input type="text"/>
	Number of recipients
Plasma	<input type="text"/>
	Number of recipients
Apheresis platelets	<input type="text"/>
	Number of recipients
Whole blood-derived platelets	<input type="text"/>
	Number of recipients
Cryoprecipitated AHF	<input type="text"/>
	Number of recipients

**Neonatal Transfusions**

Number of units in whole or in part transfused for neonatal ( $\leq 4$  months old) patients<sup>1</sup>

Whole blood	<input type="text"/>
	Number of units transfused
Red blood cells	<input type="text"/>
	Number of units transfused
Plasma	<input type="text"/>
	Number of units transfused
Apheresis platelets	<input type="text"/>
	Number of units transfused
Whole blood-derived platelets	<input type="text"/>
	Number of units transfused
Cryoprecipitated AHF	<input type="text"/>
	Number of units transfused

Total number of neonatal ( $\leq 4$  months old) recipients that received the following blood components

Whole blood	<input type="text"/>
	Number of recipients
Red blood cells	<input type="text"/>
	Number of recipients
Plasma	<input type="text"/>
	Number of recipients

FACILITY NAME \_\_\_\_\_

NBCUS ID \_\_\_\_\_

Apheresis platelets

Number of recipients

Whole blood-derived platelets

Number of recipients

Cryoprecipitated AHF

Number of recipients

<sup>1</sup>This should be a subset of data reported in the previous two questions. Pediatric aliquots should be recorded in standard unit equivalents. For example, if the standard red blood cell unit volume is 500mL and the volume of pediatric aliquots are 50mL (10 pediatric aliquots per standard unit), then record 150 pediatric aliquot transfusions as 15 units.

C6c. For **neonatal** patients, which of the following do you use for aliquots? (check all that apply)

- Aliquots using syringes from full-size unit
- Pedipacks

C6d. For **neonatal** patients, does your facility attempt to use aliquots from the same full-size unit for every transfusion?

- Yes
- No

C7a. Which of the following methods does your facility use to irradiate components? (check all that apply)

- Cesium
- X-Ray
- Unknown, irradiation performed by another facility

C7b. Indicate how many **irradiated** (by any method) units for each of the following components your institution transfused in 2021. For pediatrics, use the number of adult equivalent units used in whole or part.<sup>1</sup> For components that are irradiated and leukoreduced, include these in the count for both entries.

Whole blood units

Number of units irradiated

Red blood cell units

Number of units irradiated

Apheresis platelet units

Number of units irradiated

Whole blood-derived platelet units

Number of units irradiated

<sup>1</sup>Pediatric aliquots should be recorded in standard unit equivalents. For example, if the standard red blood cell unit volume is 500mL and the volume of pediatric aliquots are 50mL (10 pediatric aliquots per standard unit), then record 150 pediatric aliquot transfusions as 15 units. If only part of a standard unit is used and the rest is discarded, please record it as 1 standard unit.

FACILITY NAME \_\_\_\_\_

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C7c. Indicate how many **leukoreduced** units for each of the following components your institution transfused during 2021. For pediatrics, use the number of adult equivalent units used in whole or part.<sup>1</sup> For components that are irradiated and leukoreduced, include these in the count for both entries.

Before Storage

Whole blood units   
Number of units leukoreduced

Red blood cell units   
Number of units leukoreduced

Whole blood-derived platelet units   
Number of units leukoreduced

After Storage (including at the bedside)

Whole blood units   
Number of units leukoreduced

Red blood cell units   
Number of units leukoreduced

Whole blood-derived platelet units   
Number of units leukoreduced

<sup>1</sup>Pediatric aliquots should be recorded in standard unit equivalents. For example, if the standard red blood cell unit volume is 500mL and the volume of pediatric aliquots are 50mL (10 pediatric aliquots per standard unit), then record 150 pediatric aliquot transfusions as 15 units. If only part of a standard unit is used and the rest is discarded, please record it as 1 standard unit.

C8a. During 2021, among **transfused red blood cells**, how many units were...

1-35 day(s) old   
Number of RBC units transfused

36-42 days old   
Number of RBC units transfused

C8b. During 2021, among **transfused whole blood-derived platelets**, how many units were...

1-3 day(s) old   
Number of WBD PLT units transfused

4-5 days old   
Number of WBD PLT units transfused

C8c. During 2021, among **transfused apheresis platelets**, how many units were...



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1-3 day(s) old

Number of apheresis PLT units transfused

4-5 days old

Number of apheresis PLT units transfused

6-7 days old

Number of apheresis PLT units transfused

C9. If your facility pools whole blood-derived platelets, during 2021 at your institution, on average, how many individual platelet units were included in a post-storage **pooled whole blood-derived platelet dose**?

Number of individual units in a pool

Not applicable

C10a. Indicate the number of **red blood cell** units that were transfused in the following inpatient and outpatient settings during 2021. (This can be determined by location or by physician use.)

All surgery (including transplant)

Number of RBC units transfused

Inpatient medicine (including hematology/oncology)

Number of RBC units transfused

Emergency Department

Number of RBC units transfused

Obstetrics/Gynecology

Number of RBC units transfused

Pediatrics, including critical care

Number of RBC units transfused

Neonates, including critical care

Number of RBC units transfused

Adult critical care

Number of RBC units transfused

Outpatient and non-acute inpatient settings<sup>1</sup>

Number of RBC units transfused

<sup>1</sup>E.g., outpatient dialysis, rehabilitation, hospice, long term care, etc.

C10b. Indicate the number of **platelet** units that were transfused in the following inpatient and outpatient settings during 2021. (This can be determined by location or by physician use.) If whole blood-derived platelets were transfused, please convert them to pooled equivalent units.<sup>1</sup>

FACILITY NAME \_\_\_\_\_

NBCUS ID \_\_\_\_\_

All surgery (including transplant)

Number of PLT units transfused

Inpatient medicine (including hematology/oncology)

Number of PLT units transfused

Emergency Department

Number of PLT units transfused

Obstetrics/Gynecology

Number of PLT units transfused

Pediatrics, including critical care

Number of PLT units transfused

Neonates, including critical care

Number of PLT units transfused

Adult critical care

Number of PLT units transfused

Outpatient and non-acute inpatient settings<sup>2</sup>

Number of PLT units transfused

<sup>1</sup> If any individual units of whole blood-derived platelets were transfused, convert these to a pooled equivalent. For example, if 200 platelet pools and 100 individual whole blood-derived platelet units were transfused and 5 individual platelet units are included per pool, then 220 units (200 + [100/5]) should be recorded.

<sup>2</sup>E.g., outpatient dialysis, rehabilitation, hospice, long term care, etc.

C11. During 2021, did your institution routinely order **plasma** transfusions to non-pediatric patients based on:

- Weight based dosing (e.g., 20mL/kg)
- A standard number of units regardless of patient weight (e.g., 4 or 6 units)
- Dosage varies based on level of coagulation factor deficiency, INR, or degree of bleeding
- Number of units ordered is not consistent with any of the above

C12a. During 2021, did your institution routinely order **prophylactic platelet** transfusions to non-pediatric patients based on:

- A standard number of units regardless of patient weight (e.g., 4 or 6 units)
- Dosage varies based on level of thrombocytopenia or degree of bleeding
- Number of units ordered is not consistent with either of the above

C12b. During 2021, did your institution routinely order **therapeutic platelet** transfusions to non-pediatric patients based on:

- A standard number of units regardless of patient weight (e.g., 4 or 6 units)
- Dosage varies based on level of thrombocytopenia or degree of bleeding
- Number of units ordered is not consistent with either of the above

FACILITY NAME \_\_\_\_\_

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C13. During 2021, what was the average **whole dollar amount** your institution **paid per unit** for the following components? (Include discounts in your calculations. If you do not use a particular component, select “Not applicable”. CPT/HCPCS codes are in parenthesis.)

Red cells, leukoreduced (P9016)

\$   
Dollar amount paid per unit

Not applicable

Apheresis platelets, leukoreduced (P9035)

\$   
Dollar amount paid per unit

Not applicable

Pathogen-reduced apheresis platelets (9073)

\$   
Dollar amount paid per unit

Not applicable

Plasma, single donor, frozen within 8 hours of phlebotomy (P9017)

\$   
Dollar amount paid per unit

Not applicable

Plasma, frozen between 8 and 24 hours of phlebotomy (P9059)

\$   
Dollar amount paid per unit

Not applicable

Cryoprecipitated AHF (P9012)

\$   
Dollar amount paid per unit

Not applicable

C14. During 2021, did your institution have a policy to transfuse only leukoreduced components?

- Yes
- No

C15. During 2021, did your institution have a policy to only transfuse irradiated components?

- Yes
- No

C16. During 2021, did your institution have an established program to manage patients who refuse any or all blood components for religious, cultural, or personal reasons?

- Yes

FACILITY NAME \_\_\_\_\_

NBCUS ID \_\_\_\_\_

- No

C17a. During 2021, did your institution have a transfusion safety officer (TSO)?

- Yes
- No

(if no, skip to C18)

C17b. If yes, how many full-time equivalent TSOs? (Consider two part-time employees as a single full-time equivalent)

Number of TSOs

C17c. Is the TSO employed by your institution or by the blood center?

- Institution employee
- Blood center employee

C18. During 2021 at your institution, how many **whole blood/red blood cell crossmatch procedures** were...

Performed by any method

Number of crossmatch procedures

Electronic crossmatch

Number of crossmatch procedures

Manual serologic crossmatch

Number of crossmatch procedures

Automatic serologic crossmatch

Number of crossmatch procedures

C19a. Has your institution implemented typing of red blood cell antigens using a molecular assay (e.g., genotyping)?

- Yes
- No (if No, skip to C20)

C19b. How many **red blood cell units** from donors who were **genotyped** (e.g., using a molecular assay) were transfused by your institution in 2021?

Number of units

C20. How many samples (patient specimens submitted for testing) did your institution receive at the blood bank during 2021?

Number of samples

FACILITY NAME \_\_\_\_\_

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C21. Does your institution have an electronic system for tracking transfusion-related adverse events?

- Yes
- No

C22a. Did your institution collect data on sample collection errors (e.g., wrong blood in tube) during 2021?

- Yes
- No (if no, skip to C23)

C22b. How many transfusion sample collection errors were reported during 2021?

  
Number of errors

C23. How many transfusion-related adverse reactions were reported to the transfusion service in 2021?  
(Count only the number of reactions that required any diagnostic or therapeutic intervention.)

Total reactions

  
Number of reactions

Complete below to indicate how many of each type of reaction occurred:

Life-threatening (required major medical intervention<sup>1</sup> following transfusion)

  
Number of reactions

Transfusion-related acute lung injury (TRALI)

  
Number of reactions

Transfusion-associated circulatory overload (TACO)

  
Number of reactions

Acute hemolytic transfusion reaction (ABO)

  
Number of reactions

Acute hemolytic transfusion reaction (other antibodies)

  
Number of reactions

Delayed hemolytic transfusion reaction

  
Number of reactions

Delayed serologic transfusion reaction

  
Number of reactions

Febrile, non-hemolytic transfusion reaction

  
Number of reactions

Hypotensive transfusion reaction

FACILITY NAME \_\_\_\_\_

NBCUS ID \_\_\_\_\_

	Number of reactions
Post-transfusion purpura	<input type="text"/>
	Number of reactions
Transfusion-associated dyspnea	<input type="text"/>
	Number of reactions
Transfusion-associated graft-vs-host disease	<input type="text"/>
	Number of reactions
Transfusion transmitted bacterial infection	<input type="text"/>
	Number of reactions
Transfusion transmitted parasitic infection	<input type="text"/>
	Number of reactions
Transfusion transmitted viral infection	<input type="text"/>
	Number of reactions
Mild to moderate allergic reaction	<input type="text"/>
	Number of reactions
Severe allergic reaction	<input type="text"/>
	Number of reactions

<sup>1</sup> Examples include vasopressors, blood pressure support, intubation, or transfer to the ICU

C24. During 2021, which of the following bacterial risk control strategies were used for platelets by the blood collection facility for platelets transfused at your facility?

- Primary culture performed no sooner than 24 hours
- Large volume, delayed sampling no sooner than 36 hours without secondary
- Large volume, delayed sampling no sooner than 48 hours
- Pathogen reduction technology
- Unknown

C25a. Does your institution perform any kind of pre-transfusion bacterial testing on platelets? This does not include testing performed by the blood collection facility.

- Yes
- No (if no, skip to C26)

C25b. Indicate what methods are used by your institution to test for bacterial contamination.

	Secondary	Secondary	Rapid test <sup>1</sup>	Not tested	Not applicable
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FACILITY NAME \_\_\_\_\_

NBCUS ID \_\_\_\_\_

	culture performed no sooner than Day 3	culture performed no sooner than Day 4			
Apheresis platelets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WBD platelets, single	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WBD platelets, pooled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>1</sup>Footnote: FDA cleared rapid tests include PGD Verax and Immunetics BacTx.

C25c. How many confirmed positives and false positives were detected by the following methods during 2021?

**Secondary culture performed no sooner than Day 3**

Number tested

Number tested

Number of confirmed positives

Number of confirmed positive

Number of false positives

Number of false positives

Number of indeterminate results

Number of intermediate results

Not applicable

**Secondary culture performed no sooner than Day 4**

Number tested

Number tested

Number of confirmed positives

Number of confirmed positive

Number of false positives

Number of false positives

Number of indeterminate results

Number of intermediate results

Not applicable

**Rapid test**

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NBCUS ID \_\_\_\_\_

Number tested

Number tested

Number of confirmed positives

Number of confirmed positive

Number of false positives

Number of false positives

Number of indeterminate results

Number of intermediate results

Not applicable

C26a. During 2021, did your institution transfuse platelets treated with pathogen reduction technology (PRT)?

- Yes
- No (if no, skip to end of section C)

C26b. During 2021, how many PRT-treated apheresis platelet units were transfused?

Number of units

Note: The following questions were added specifically to gain information on the impact of COVID-19 on blood utilization in **2020**.

Supplemental Section C: Impact of COVID-19 Pandemic on Blood Transfusion in 2020

SC1. During each month in 2020, how many units of **allogeneic red blood cells** did your institution transfuse?

January

Number of units transfused

February

Number of units transfused

March

Number of units transfused

April

Number of units transfused

May

Number of units transfused



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June	<input type="text"/> Number of units transfused
July	<input type="text"/> Number of units transfused
August	<input type="text"/> Number of units transfused
September	<input type="text"/> Number of units transfused
October	<input type="text"/> Number of units transfused
November	<input type="text"/> Number of units transfused
December	<input type="text"/> Number of units transfused

SC2. During each month in 2020, how many units of **apheresis platelets** did your institution transfuse?

January	<input type="text"/> Number of units transfused
February	<input type="text"/> Number of units transfused
March	<input type="text"/> Number of units transfused
April	<input type="text"/> Number of units transfused
May	<input type="text"/> Number of units transfused
June	<input type="text"/> Number of units transfused
July	<input type="text"/> Number of units transfused
August	<input type="text"/> Number of units transfused
September	<input type="text"/> Number of units transfused
October	<input type="text"/>

FACILITY NAME \_\_\_\_\_

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November

Number of units transfused

Number of units transfused

December

Number of units transfused

<sup>1</sup>Exclude whole blood derived platelets from the number of units transfused.

DRAFT

### Survey Glossary

**Apheresis collection procedure:** One apheresis collection procedure is one apheresis donation from which multiple units of a single blood products or multiple products can be produced.

**Autologous:** Self-directed donations.

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**Deferrals:** The number of donors deferred for specific reasons:

- a) Donors deferred for low hemoglobin do not meet the current FDA blood hemoglobin level requirements for blood donation.
- b) Deferrals for other medical reasons may include the use of medications on the medication deferral list, growth hormone from human pituitary glands, insulin from cows (bovine, or beef, insulin), Hepatitis B Immune Globulin (HBIG), unlicensed vaccines, or presenting with physical conditions or symptoms that do not qualify a person to be a blood donor.
- c) High-risk behavior deferrals include deferrals intended to reduce the risk of transmission of infectious diseases including HIV and hepatitis viruses. Examples of questions intended to identify these risks are sexual contact (e.g., men who have sex with men (MSM)) and non-medical injection drug use questions.
- d) Travel deferrals are deferrals for travel to a specific region of the world.

**Directed:** Directed units are those which have been donated by a family member or friend of the patient as a result of a patient request to be transfused with blood from a specific donor.

**Distributed:** Units that have fulfilled all processing requirements and have been made available for transfer to customers.

**Donation:** The collection of a unit of blood or blood component from a volunteer donor.

**Dose/Dosage:** A quantity administered at one time, such as a specified volume of platelet concentrates.

**First-time allogeneic donor:** A donor who is donating for the first time at your center.

**High-risk behaviors:** Behaviors associated with an increased risk of bloodborne viral infection (e.g. nonmedical intravenous drug use, incarceration, high-risk sexual contact)

**Imported:** Units not collected by your institution, but obtained by your institution from another institution for distribution to a transfusion facility.

**Modify:** Procedures applied by a blood center, hospital blood bank, or transfusion service that may affect the quality or quantity of the final product (e.g., irradiation, leuko-filtration, or production of aliquots of lesser volume).

**MSM:** Men who have sex with men.

**Outdated:** Units that expire on your shelf.

**Plasma:**

- a) **Plasma, frozen within 24 hours of phlebotomy (PF24):** plasma separated from the blood of an individual donor and placed at -18 C or colder within 24 hours of collection from the donor.
- b) **Fresh frozen plasma (FFP):** Plasma frozen at -18 degrees C within 8 hours of collection.
- c) **Plasma, Jumbo:** FFP having a volume greater than 400 mL.

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- d) **Plasma frozen within 24 hours of phlebotomy and held at room temperature up to 24 hours after phlebotomy (PF24RT24):** Plasma held at room temperature for up to 24 hours after collection and then frozen at -18 C or colder.
- e) **Thawed plasma:** FFP, PF24, or PF24RT24 that has been thawed and held at 1 to 6 C from 1 to up to 5 days after thawing.

**Recipient:** A unique individual patient receiving a transfusion one or more times in a calendar year.

**Repeat allogeneic donor:** A donor who has previously donated a blood component.

**Severe Donor-Related Adverse Events:** Adverse events occurring in donors attributed to the donation process that include, for example, major allergic reaction, arterial puncture, loss of consciousness of a minute or more, loss of consciousness with injury, nerve irritation, etc.<sup>1</sup>

**Transfusion Related Adverse Reactions:** An undesirable response or effect in a patient temporally associated with the administration of blood or blood components. For a list of adverse reaction types and case definitions, visit <http://www.cdc.gov/nhsn/PDFs/Biovigilance/BV-HV-protocol-current.pdf>.

**Transfusion Service:** A facility that performs, or is responsible for the performance of, the storage, selection, and issuance of blood and blood components to intended recipients.

**Whole blood collection procedure:** One whole blood collection procedure is one donation of whole blood from which red blood cells, plasma, platelets, and cryoprecipitate can be prepared.

<sup>1</sup>AABB Donor Hemovigilance Working Group grade 2 or higher (e.g., adverse event with duration > 2 weeks; resulted in limitation in activities of daily living; or required transport to emergency department, sutures, or antibiotics). See [https://www.aabb.org/docs/default-source/default-document-library/resources/severity-grading-tool-for-donor-adverse-events.pdf?sfvrsn=ff563263\\_4](https://www.aabb.org/docs/default-source/default-document-library/resources/severity-grading-tool-for-donor-adverse-events.pdf?sfvrsn=ff563263_4).