



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			
	Not irradiated or leukocyte reduced			
	Irradiated			
	Leukocyte reduced			
	Irradiated and leukocyte reduced			
	TOTAL			
	Not irradiated or leukocyte reduced			
	Irradiated			
	Leukocyte reduced			
Red blood cells	Irradiated and leukocyte reduced			
	TOTAL			
	Not irradiated or leukocyte reduced			
	Irradiated			
	Leukocyte reduced			
	Irradiated and leukocyte reduced			
	TOTAL			
	Not irradiated or leukocyte reduced			
	Irradiated			
	Leukocyte reduced			
Platelets	Irradiated and leukocyte reduced			
	TOTAL			
	Not irradiated or leukocyte reduced			
	Irradiated			
	Leukocyte reduced			
	Irradiated and leukocyte reduced			
	TOTAL			
	Not irradiated or leukocyte reduced			
	Irradiated			
	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).



Hemovigilance Module Monthly Reporting Denominators

*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: _____



Hemovigilance Module Monthly Reporting Denominators

Custom Fields			
Label		Label	