**Hemovigilance Module**

**Monthly Reporting Plan**

\*Required for saving

|  |  |  |
| --- | --- | --- |
| \*Facility ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \*Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \*Year: \_\_\_\_\_\_\_\_\_\_\_\_ |
| *All reporting is facility-wide.* |
|  |
| [ ]  Participating in Hemovigilance Module surveillance this month |
| **Participation requires complete reporting of all CDC-defined adverse reactions, reaction-associated incidents, and denominators for the entire month as specified in the surveillance protocol.** |
| * Adverse reactions associated with transfusions
 |
| * Incidents (i.e., errors or accidents) associated with adverse reactions
 |
| * Denominators (i.e., transfused components and patient samples collected)
 |
| [ ]  Not participating in Hemovigilance Module surveillance this month |