FACILITY NAME _____ **NBCUS ID** _____

Form Approved
OMB No. XXXX-XXXX
Exp. Date: XX/XX/XXXX

2025 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 2025 National Blood Collection and Utilization Survey (NBCUS). The NBCUS is a biennial, cross-sectional survey of all U.S. blood collection centers and approximately 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 2025 NBCUS covers the period of collection and utilization from January 1, 2025, to December 31, 2025. It contains questions about your institution's collection and/or utilization of blood and blood components during 2025, as well as more specific topics concerning your institution's operations. **A glossary of relevant definitions can be found at the end of this document.**

The 2025 NBCUS is split into 2 sections. All facilities should submit both sections (Section B and Section C).

- **Section B: Blood Collection, Processing, and Testing.** This section includes questions regarding blood donors, blood collections, and testing during 2025. Any institution that collects blood from donors should complete this section. All institutions should complete question B1.
- **Section C: Blood Transfusion**. This section includes questions regarding transfusion, utilization, availability, and hemovigilance during 2025. Any institution that transfuses blood to patients should complete this section. All institutions should complete question C1.

Please assist us by completing the online survey by **Friday, MONTH XX, 2026**. The link to complete the survey is included in an email sent to your facility and is unique to your facility. If you are not the appropriate person to complete any portion of the survey, or if you do not have all of the information requested, please forward the link to those within your institution who can best provide the information.

The survey does not need to be completed all at once. You may save your responses and return as often as needed. **Please do not use this PDF form to fax or email responses.**

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.

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Please email us at NBCUS@cdc.gov with any questions.

Public reporting burden of this collection of information is estimated to average 105 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 H21-8, Atlanta, GA 30333, ATTN: PRA (0920-XXXX).

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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	
Last Name	
Title/Position	
Work Phone number	
Work Email*	

Section B. Blood Collection, Processing, Testing, and Inventory Management[1]

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[1]Please only include data on products intended for transfusion as blood or blood components.

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

- o Yes
- o 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:

B2a. During 2025, 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*	B2a_1 Number of collection procedures
Autologous whole blood*	B2a_2 Number of collection procedures
Directed whole blood*	B2a_3 Number of collection procedures
Total whole blood*	B2a_4 Number of collection procedures

B2b. During 2025, how many **apheresis collections procedures** (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*	B2b_1 Number of collection procedures
Apheresis platelets only*	B2b_2 Number of collection procedures

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Apheresis plasma only*	B2b_3 Number of collection procedures
Apheresis red blood cells AND platelets*	B2b_4 Number of collection procedures
Apheresis red blood cells AND plasma*	B2b_5 Number of collection procedures
Apheresis platelets AND plasma*	B2b_6 Number of collection procedures
Apheresis red blood cells AND platelets AND plasma*	B2b_7 Number of collection procedures
Total apheresis collection procedures (including all types of apheresis collections)*	B2b_8 Number of collection procedures

B2c. During 2025, from the **whole blood** collection procedures reported, 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	B2c_1 Number of units prepared
Autologous whole blood	B2c_2 Number of units prepared
Directed whole blood	B2c_3 Number of units prepared
Total whole blood	B2c_4 Number of units prepared

B2d. During 2025, from the **whole blood** collection procedures reported, 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*	B2d_1 Number of units prepared
Autologous whole blood-derived red blood cell units*	B2d_2 Number of units prepared
Directed whole blood-derived red blood cell units*	B2d_3 Number of units prepared
Total whole blood-derived red blood cell units*	B2d_4 Number of units prepared

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B2e. During 2025, from the **apheresis** collection procedures reported, how many **red blood cell units** were collected by your institution in each of the following categories? (*indicates a required field)

Allogeneic apheresis red blood cell units*	B2e_1 Number of units collected
Autologous apheresis red blood cell units*	B2e_2 Number of units collected
Directed apheresis red blood cell units*	B2e_3 Number of units collected
Total apheresis red blood cell units*	B2e_4 Number of units collected

B2f. During 2025, from the **whole blood** collection procedures reported, 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[1]	B2f Number of units prepared

[1]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 2025, from the **apheresis** collection procedures reported, how many **platelet units** were collected by your institution in each of the following categories? (*indicates a required field)

Allogeneic apheresis platelet units	B2g_1 Number of units collected
Single	B2g_2 Number of units collected
Double[1]	B2g_3 Number of units collected
Triple[1]	B2g_4 Number of units collected
Directed apheresis platelet units	B2g_5 Number of units collected
Total apheresis platelet units*	B2g_6 Number of units collected

[1]Count double collections as two units and triple collections as three units.

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B2h. During 2025, what was the average number of individual platelet units included per pre-storage pool of whole blood-derived platelets?

B2h
Number of individual units per pool

B2i. During 2025, from the **apheresis** collection procedures reported, how many **plasma units** were collected by your institution?

Total apheresis plasma units — B2i
Number of units collected

B2j. During 2025, from the **whole blood** collection procedures reported, 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 — B2j
Number of units prepared

B2k. During 2025, how many units of **group AB plasma** were collected by your institution? (Count apheresis plus whole blood-derived units.)

Group AB plasma — B2k
Number of units collected

B2l. During 2025, from the **whole blood** collection procedures reported, how many individual **cryoprecipitated AHF units**[1] were successfully prepared by your institution? (*indicates a required field)

Individual cryoprecipitated AHF units* — B2l
Number of units prepared

[1]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.

B2m. During 2025, what was the average number of cryoprecipitated AHF units per whole blood-derived cryoprecipitated AHF pool?

B2m
Number of individual units per pool

B2n. During 2025, from the **whole blood** collection procedures reported, how many individual **pathogen reduced cryoprecipitated units** were successfully prepared by your institution? (*indicates a required field)

Individual pathogen reduced cryoprecipitated units* — B2n
Number of units collected

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B2o. During 2025, how many **granulocytes** were **collected** by your institution?

Granulocyte units	B2o Number of units collected

B3. During 2025, 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 by unit type

Whole blood donation[1]*	B3_1 Number of units discarded
Apheresis red blood cells*	B3_2 Number of units discarded
Apheresis plasma*	B3_3 Number of units discarded
Apheresis platelets*	B3_4 Number of units discarded

Reactive/Positive infectious disease screening test results by marker[2]

Babesia	B3_5 Number of units discarded
Hepatitis B virus	B3_6 Number of units discarded
Hepatitis C virus	B3_7 Number of units discarded
HIV	B3_8 Number of units discarded
HTLV	B3_9 Number of units discarded
Treponema pallidum	B3_10 Number of units discarded
Trypanosoma cruzi	B3_11 Number of units discarded
West Nile virus	B3_12 Number of units discarded

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

Whole blood donation[1]*	B3_13 Number of units discarded
Apheresis red blood cells*	B3_14 Number of units discarded
Apheresis plasma*	B3_15 Number of units discarded
Apheresis platelets*	B3_16 Number of units discarded

[1]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.
[2]Total number of units discarded (including whole blood donation, apheresis red blood cells, apheresis plasma, and apheresis platelets.

B4. During 2025, how many people **presented to donate** including successful and unsuccessful donations and those who were deferred (*indicates required field)?

Male	B4_1 Number presenting to donate
Female	B4_2 Number presenting to donate
Missing/Not available[1]	B4_3 Number presenting to donate
Total*	B4_4 Number presenting to donate

[1]"Missing/Not available" includes anyone else who should be included as part of the total donors presenting to donate.

B5. During 2025, how many **donors** were **deferred** for the following reasons[1]:

Low hemoglobin or low hematocrit

Male	B5_1 Number of donors deferred
Female	B5_2 Number of donors deferred

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Missing/Not available[2] B5_3
Number of donors deferred

Total B5_4
Number of donors deferred

Medication use

Total B5_5
Number of donors deferred

Pulse

Total B5_6
Number of donors deferred

Blood pressure

Total B5_7
Number of donors deferred

High-risk behavior (restricted to having a **new sexual partner** in the past 3 months **and** anal sex in the past 3 months)

Total B5_8
Number of donors deferred

High-risk behavior (restricted to having **more than one sexual partner** in the past 3 months **and** anal sex in the past 3 months)

Total B5_9
Number of donors deferred

Travel to a malaria-endemic area

Total B5_10
Number of donors deferred

Residence in a malaria-endemic area

Total B5_11
Number of donors deferred

Tattoo/piercing

Total B5a_12
Number of donors deferred

Other non-medical reasons

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Total	B5a_13 Number of donors deferred
Total presenting donors deferred for any reason	
Male	B5a_14 Number of donors deferred
Female	B5a_15 Number of donors deferred
Missing/Not available[2]	B5a_16 Number of donors deferred
Total	B5a_17 Number of donors deferred

[1]If donor was deferred for multiple reasons, count all.
[2]"Missing/Not available" includes anyone else who should be included as part of the total donors presenting to donate.

B6. During 2025, 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	B6_1 Number of donors
Donations from first-time allogeneic donors	B6_2 Number of donations
Repeat allogeneic donors (count a single repeat donor only once)	B6_3 Number of donors
Donations from repeat allogeneic donors	B6_4 Number of donations
Autologous donors	B6_5 Number of donors
Directed donors	B6_6 Number of donors

B7. During 2025, how many **allogeneic whole blood and apheresis red blood cell donations** combined were successfully collected from the following donor age groups?[1]

Donors aged 15 years	B7_1 Number of donations
Donors aged 16 years	B7_2 Number of donations

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Donors aged 17 years	B7_3 Number of donations
Donors aged 18 years	B7_4 Number of donations
Donors aged 19-24 years	B7_5 Number of donations
Donors aged 25-44 years	B7_6 Number of donations
Donors aged 45-64 years	B7_7 Number of donations
Donors aged 65-74 years	B7_8 Number of donations
Donors aged ≥75 years	B7_9 Number of donations

[1]Combine whole blood donations and apheresis red blood cell donations.

B8. During 2025, how many **donations of allogeneic whole blood and red blood cell units** were successfully collected from donors who identify as[1]:

Hispanic or Latino	B8_1 Number of donations
Black or African American	B8_2 Number of donations
Asian	B8_3 Number of donations
Native Hawaiian or Pacific Islander	B8_4 Number of donations
American Indian or Alaska Native	B8_5 Number of donations
White	B8_6 Number of donations
Middle Eastern or North African	B8_7 Number of donations
Multiracial and/or Multiethnic	B8_8 Number of donations

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Unknown B8_9

[1]More than one category can be selected for a single donor.

B9. How many **severe donor-related adverse events**[1] were experienced by donors during 2025?

Whole blood collections

All donors B9_1
Number of severe reactions

Aged ≤18 years B9_2
Number of severe reactions

Aged ≥19 years B9_3
Number of severe reactions

Apheresis collections

All donors B9_4
Number of severe reactions

Aged ≤18 years B9_5
Number of severe reactions

Aged ≥19 years B9_6
Number of severe reactions

[1]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.

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B10a. During 2025, how many units of **whole blood intended for transfusion as whole blood** were imported, distributed, and outdated by your institution? (*indicates a required field)

Imported whole blood intended for transfusion as whole blood

Allogeneic	B10a_1 Number of units imported
Autologous	B10a_2 Number of units imported
Directed	B10a_3 Number of units imported
Total*	B10a_4 Number of units imported

Distributed whole blood intended for transfusion as whole blood[1] (collected and imported)

Allogeneic	B10a_5 Number of units distributed
Autologous	B10a_6 Number of units distributed
Directed	B10a_7 Number of units distributed
Total*	B10a_8 Number of units distributed

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

Allogeneic	B10a_9 Number of units outdated
Autologous	B10a_10 Number of units outdated
Directed	B10a_11 Number of units outdated
Total*	B10a_12 Number of units outdated

[1]Units distributed more than once (e.g., because they have been returned) should be counted only once.

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B10b. During 2025, 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	B10b_1 Number of units imported
Allogeneic group O+	B10b_2 Number of units imported
Allogeneic group O-	B10b_3 Number of units imported
Autologous	B10b_4 Number of units imported
Directed	B10b_5 Number of units imported
Total*	B10b_6 Number of units imported

Distributed whole blood-derived red blood cells[1] (collected and imported)

Allogeneic	B10b_7 Number of units distributed
Allogeneic group O+	B10b_8 Number of units distributed
Allogeneic group O-	B10b_9 Number of units distributed
Autologous	B10b_10 Number of units distributed
Directed	B10b_11 Number of units distributed
Total*	B10b_12 Number of units distributed

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

Allogeneic	B10b_13 Number of units outdated
Allogeneic group O+	B10b_14 Number of units outdated
Allogeneic group O-	B10b_15

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Number of units outdated

Autologous B10b_16
Number of units outdated

Directed B10b_17
Number of units outdated

Total* B10b_18
Number of units outdated

[1]Units distributed more than once (e.g., because they have been returned) should be counted only once.

B10c. During 2025, how many units of **apheresis red blood cells** were imported, distributed, and outdated by your institution? (*indicates a required field)

Imported apheresis red blood cells

Allogeneic B10c_1
Number of units imported

Allogeneic group O+ B10c_2
Number of units imported

Allogeneic group O- B10c_3
Number of units imported

Autologous B10c_4
Number of units imported

Directed B10c_5
Number of units imported

Total* B10c_6
Number of units imported

Distributed apheresis red blood cells[1] (collected and imported)

Allogeneic B10c_7
Number of units distributed

Allogeneic group O+ B10c_8
Number of units distributed

Allogeneic group O- B10c_9
Number of units distributed

Autologous B10c_10
Number of units distributed

Directed B10c_11
Number of units distributed

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Total*	B10c_12 Number of units distributed

Outdated apheresis red blood cells (collected and imported)

Allogeneic	B10c_13 Number of units outdated
Allogeneic group O+	B10c_14 Number of units outdated
Allogeneic group O-	B10c_15 Number of units outdated
Autologous	B10c_16 Number of units outdated
Directed	B10c_17 Number of units outdated
Total*	B10c_18 Number of units outdated

[1]Units distributed more than once (e.g., because they have been returned) should be counted only once.

B10d. During 2025, how many units of **apheresis platelets** were imported, distributed, and outdated by your institution? (*indicates a required field)

Imported apheresis platelets

Allogeneic	B10d_1 Number of units imported
Directed	B10d_2 Number of units imported
Total*	B10d_3 Number of units imported

Distributed apheresis platelets (including imported units)[1] (collected and imported)

Allogeneic	B10d_4 Number of units distributed
Single collection	B10d_5 Number of units distributed
Double collection [1]	B10d_6 Number of units distributed

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Triple collection [1]	B10d_7 Number of units distributed
Directed	B10d_8 Number of units distributed
Total*	B10d_9 Number of units distributed

Outdated apheresis platelets (collected and imported)

Allogeneic	B10d_10 Number of units outdated
Directed	B10d_11 Number of units outdated
Total*	B10d_12 Number of units outdated

[1]Units distributed more than once (e.g., because they have been returned) should be counted only once.

B10e. During 2025, 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*	B10e_1 Number of units imported
Platelet pools[1]	B10e_2 Number of pools imported

Distributed whole blood-derived platelets[2] (collected and imported)

Individual*	B10e_3 Number of units distributed
Platelet pools[1]	B10e_4 Number of pools distributed

Outdated whole blood-derived platelets (collected and imported)

Individual*	B10e_5 Number of units outdated
Platelet pools[1]	B10e_6 Number of pools outdated

[1]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.
[2]Units distributed more than once (e.g., because they have been returned) should be counted only once.

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B10f. During 2025, how many units of **apheresis plasma** were imported, distributed, and outdated by your institution? (*indicates a required field)

Imported apheresis plasma

Total*	B10f_1 Number of units imported

Distributed apheresis plasma[1] (collected and imported)

FFP[2]	B10f_2 Number of units distributed
PF24[3]	B10f_3 Number of units distributed
PF24RT24[4]	B10f_4 Number of units distributed
Liquid	B10f_5 Number of units distributed
Jumbo FFP (>400 mL)[5]	B10f_6 Number of units distributed
Total*	B10f_7 Number of units distributed

Outdated apheresis plasma (collected and imported)

Total*	B10f_8 Number of units outdated

[1]Units distributed more than once (e.g., because they have been returned) should be counted only once.
[2]Fresh frozen plasma (FFP): plasma frozen at -18C or colder within 8 hours of collection.
[3]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.
[4]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.
[5]Plasma, Jumbo: FFP having a volume greater than 400 mL.

B10g. During 2025, 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*	B10g_1

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Number of units imported

Distributed whole blood-derived plasma[1] (collected and imported)

FFP[2]	B10g_2 Number of units distributed
PF24[3]	B10g_3 Number of units distributed
Cryoprecipitate-reduced	B10g_4 Number of units distributed
Liquid	B10g_5 Number of units distributed
PF24RT24[4]	B10g_6 Number of units distributed
Total*	B10g_7 Number of units distributed

Outdated whole blood-derived plasma (collected and imported)

Total*	B10g_8 Number of units outdated

[1]Units distributed more than once (e.g., because they have been returned) should be counted only once.
[2]Fresh frozen plasma (FFP): plasma frozen at -18C or colder within 8 hours of collection.
[3]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.
[4]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.

B10h. During 2025, how many units of group AB plasma were distributed and outdated by your institution? (collected and imported)

Units distributed[1]	B10h_1 Number of units
Units outdated	B10h_2 Number of units

[1]Units distributed more than once (e.g., because they have been returned) should be counted only once.

B10i. During 2025, how many units of **cryoprecipitated AHF** were imported, distributed, and outdated by your institution? (*indicates a required field)

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Imported cryoprecipitated AHF[1]

Individual units* B10i_1
Number of units imported

Cryoprecipitated AHF pools[1] B10i_2
Number of pools imported

Distributed cryoprecipitated AHF [2] (collected and imported)

Individual units* B10i_3
Number of units distributed

Cryoprecipitated AHF pools[1] B10i_4
Number of pools distributed

Outdated cryoprecipitated AHF (collected and imported)

Individual units* B10i_5
Number of units outdated

Cryoprecipitated AHF pools[1] B10i_6
Number of pools outdated

[1]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.
[2]Units distributed more than once (e.g., because they have been returned) should be counted only once.

B10j. During 2025, how many units of **granulocytes** were imported, distributed, and outdated by your institution? (*indicates a required field)

Imported granulocyte units* B10j_1
Number of units imported

Distributed granulocyte units[1]* (collected and imported) B10j_2
Number of units distributed

Outdated granulocyte units* (collected and imported) B10j_3
Number of units outdated

[1]Units distributed more than once (e.g., because they have been returned) should be counted only once.

B11. During 2025, did your institution distribute blood products for transfusion in the pre-hospital setting[1]?

- o Yes
- o No

[1]Units distributed to an acute care facility or hospital should not be included.

B12a. During 2025, did your institution prepare apheresis platelets using platelet additive solution?

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- o Yes
- o No (if 'No', skip to B13)

B12b. During 2025, how many apheresis platelet units were prepared using platelet additive solution?

B12b
Number of units

B13. During 2025, for each of the following categories, how many units did your institution collect, prepare, or modify to achieve **pre-storage leukoreduction**?

Whole blood units	B13_1 Number of units leukoreduced
Whole blood-derived RBC units	B13_2 Number of units leukoreduced
Apheresis RBC units	B13_3 Number of units leukoreduced
Whole blood-derived platelet units	B13_4 Number of units leukoreduced

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

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

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

B14b
Number of donors

B15. During 2025, how many apheresis platelet units were distributed that were subjected to the following bacterial risk control strategies for platelets?

Culture-based strategy	B15_1 Number of units distributed
Pathogen reduction technology	B15_2 Number of units distributed

B16a. During 2025, did your facility experience a shortage (<24 hour supply) of any blood products?

- o Yes

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- o No (if 'No', skip to B17a)

B16b. On how many days did your facility have <24 hour supply of apheresis platelets?

B16b
Number of days

B16c. On how many days did your facility have <24 hour supply of O(-) red blood cell units?

B16c
Number of days

B17a. Does your facility manufacture cold-stored platelets?

- o Yes
- o No (if No, skip to C1)

B17b. How many units of cold-stored platelets were distributed?

B17b
Number of units distributed

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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.) (*indicates a required field)

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

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C2a. During 2025, 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)

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

C2b. During 2025, for **allogeneic whole blood** (i.e., that has not been separated into red blood cells, plasma, and/or platelets), how many units did your institution transfuse, how many recipients were transfused, and how many units were outdated? (*indicates a required field)

Allogeneic whole blood

Total units transfused*	C2b_1 Number of units transfused
Total number of recipients	C2b_2 Number of recipients
Total outdated units*	C2b_3 Number of units outdated
	o Not applicable C2b_4

[1]Choose "Not applicable" if your facility does not transfuse allogeneic whole blood.

C3a. During 2025, for **allogeneic 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)

Allogeneic red blood cells (include all blood groups)

Total units transfused*	C3a_1 Number of units transfused
Total number of recipients	C3a_2 Number of recipients
Total outdated units*	C3a_3 Number of units outdated

C3b. During 2025, for **group O+ and O- allogeneic red blood cells**, how many units did your institution transfuse and how many units were outdated?

Allogeneic group O+ red blood cells

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Total units transfused — C3b_1 — Number of units transfused

Total outdated units — C3b_2 — Number of units outdated

Allogeneic group O- red blood cells

Total units transfused — C3b_3 — Number of units transfused

Total outdated units — C3b_4 — Number of units outdated

C4. During 2025, for **autologous and directed allogeneic 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)

Autologous whole blood units

Number of units transfused to intended recipient* — C4_1 — Number of units transfused

Number of recipients — C4_2 — Number of recipients

Outdated units* — C4_3 — Number of units outdated

Autologous red blood cell units

Number of units transfused to intended recipient* — C4_4 — Number of units transfused

Number of recipients — C4_5 — Number of recipients

Outdated units* — C4_6 — Number of units outdated

Directed whole blood units[1]

Number of units transfused to intended recipient* — C4_7 — Number of units transfused

Number of recipients — C4_8 — Number of recipients

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Outdated units*	C4_9 Number of units outdated
Directed red blood cell units[1]	
Number of units transfused to intended recipient*	C4_10 Number of units transfused
Number of recipients	C4_11 Number of recipients
Outdated units*	C4_12 Number of units outdated

[1]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 2025, 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 a required field)

Transfusions	
Whole blood-derived platelets (pre-storage pooled and individual platelet concentrates expressed as pooled equivalents)[1]*	C5a_1 Number of units transfused
Apheresis platelet units [2]*	C5a_2 Number of units transfused
Directed platelets to intended recipients[3]	C5a_3 Number of units transfused
Outdates	
Whole blood-derived platelets (pre-storage pooled and individual platelet concentrates expressed as pooled equivalents)[4]*	C5a_4 Number of units outdated
Apheresis platelet units (full unit)[5]*	C5a_5 Number of units outdated
Directed platelets to intended recipients[3]	C5a_6 Number of units outdated

[1]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.
[2]The number of apheresis platelet units transfused. In contrast to units of whole blood-derived platelets, no conversion calculation is needed.
[3]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.

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[4]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.
[5]The number of apheresis platelet units outdated. In contrast to units of whole blood-derived platelets, no conversion calculation is needed.

C5b. During 2025, 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 a required field)

Transfusions

Total plasma*	C5b_1 Number of units transfused

Outdates

Total plasma*	C5b_2 Number of units outdated

C5c. Among plasma units included in the response to question C5b, during 2025, 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[1] (i.e., used within 1-5 days of thaw)	C5c_1 Number of units transfused
Liquid plasma (i.e., never frozen)	C5c_2 Number of units transfused
Group AB plasma	C5c_3 Number of units transfused

Outdates

Thawed plasma[1] (i.e., used within 1-5 days of thaw)	C5c_4 Number of units outdated
Liquid plasma (i.e., never frozen)	C5c_5 Number of units outdated
Group AB plasma	C5c_6 Number of units outdated

[1]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.

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C5d. During 2025, 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 a required field)

Transfusions

Cryoprecipitated AHF individual units transfused*[1]	C5d_1 Number of units transfused
Cryoprecipitated AHF transfused pool size*	C5d_2 Size of pool
Pathogen reduced cryoprecipitated fibrinogen complex individual units transfused*	C5d_3 Number of units transfused
Granulocyte units transfused*	C5d_4 Number of units transfused

Outdates

Cryoprecipitated AHF individual units outdated*[1]	C5d_4 Number of units outdated
Pathogen reduced cryoprecipitated fibrinogen complex individual units outdated*	C5d_5 Number of units outdated
Granulocyte units outdated*	C5d_6 Number of units outdated

[1]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 2025, did your facility transfuse blood to **pediatric** or **newborn** patients? (Select all that apply.)

- ☐ Yes, pediatric (>4 months old) C6a_1
- ☐ Yes, newborn (≤4 months old) C6a_2
- ☐ No (skip to C7a) C6a_3

C6b. Indicate the total number of units **transfused** to **pediatric** and **newborn patients** during 2025.

Pediatric Transfusions

Number of units in whole or in part transfused for pediatric (>4 months old) patients[1]

Whole blood	C6b_1

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	Number of units transfused
Red blood cells	C6b_2 Number of units transfused
Plasma	C6b_3 Number of units transfused
Apheresis platelets	C6b_4 Number of units transfused
Whole blood-derived platelets	C6b_5 Number of units transfused
Cryoprecipitated AHF	C6b_6 Number of units transfused

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

Whole blood	C6b_7 Number of recipients
Red blood cells	C6b_8 Number of recipients
Plasma	C6b_9 Number of recipients
Apheresis platelets	C6b_10 Number of recipients
Whole blood-derived platelets	C6b_11 Number of recipients
Cryoprecipitated AHF	C6b_12 Number of recipients

Newborn Transfusions

Number of units in whole or in part transfused for neonatal (≤4 months old) patients[1]

Whole blood	C6b_13 Number of units transfused
Red blood cells	C6b_14 Number of units transfused
Plasma	C6b_15 Number of units transfused
Apheresis platelets	C6b_16 Number of units transfused

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Whole blood-derived platelets	C6b_17 Number of units transfused
Cryoprecipitated AHF	C6b_18 Number of units transfused

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

Whole blood	C6b_19 Number of recipients
Red blood cells	C6b_20 Number of recipients
Plasma	C6b_21 Number of recipients
Apheresis platelets	C6b_22 Number of recipients
Whole blood-derived platelets	C6b_23 Number of recipients
Cryoprecipitated AHF	C6b_24 Number of recipients

[1]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? (Select all that apply.)

- ☐ Aliquots using syringes from full-size unit C6c_1
- ☐ Pedipacks C6c_2

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

- o Yes
- o No

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

- ☐ Cesium C7a_1
- ☐ X-ray C7a_2
- ☐ Unknown, irradiation performed by another facility C7a_3

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C7b. Indicate how many **irradiated** (by any method) units for each of the following components your institution transfused in 2025. For pediatrics, use the number of adult equivalent units used in whole or part.[1] For components that are irradiated and leukoreduced, include these in the count for both entries.

Whole blood units	C7b_1 Number of units irradiated
Red blood cell units	C7b_2 Number of units irradiated
Apheresis platelet units	C7b_3 Number of units irradiated
Whole blood-derived platelet units	C7b_4 Number of units irradiated

[1]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.

C7c. Indicate how many **leukoreduced** units for each of the following components your institution transfused during 2025. For pediatrics, use the number of adult equivalent units used in whole or part.[1] For components that are irradiated and leukoreduced, include these in the count for both entries.

Before Storage

Whole blood units	C7c_1 Number of units leukoreduced
Red blood cell units	C7c_2 Number of units leukoreduced
Whole blood-derived platelet units	C7c_3 Number of units leukoreduced

After Storage (including at the bedside)

Whole blood units	C7c_4 Number of units leukoreduced
Red blood cell units	C7c_5 Number of units leukoreduced
Whole blood-derived platelet units	C7c_6 Number of units leukoreduced

[1]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.

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C8a. During 2025, among **transfused red blood cells**, how many units were…

1-35 day(s) old — C8a_1 — Number of RBC units transfused

36-42 days old — C8a_2 — Number of RBC units transfused

C8b. During 2025, among **transfused whole blood-derived platelets**, how many units were…

1-3 day(s) old — C8b_1 — Number of WBD PLT units transfused

4-5 days old — C8b_2 — Number of WBD PLT units transfused

C8c. During 2025, among **transfused apheresis platelets**, how many units were…

1-3 day(s) old — C8b_3 — Number of apheresis PLT units transfused

4-5 days old — C8b_4 — Number of apheresis PLT units transfused

6-7 days old — C8b_5 — Number of apheresis PLT units transfused

C9. If your facility pools whole blood-derived platelets, during 2025 at your institution, on average, how many individual platelet units were included in a post-storage **pooled whole blood-derived platelet dose**?[1]

C9_1 — Number of individual units in a pool

○ Not applicable C9_2

[1]Choose "Not applicable" if your facility does not pool whole blood-derived platelets.

C10a. Indicate the number of **red blood cell** units that were transfused in the following inpatient and outpatient settings during 2025. (*This can be determined by location or by physician use.*)

All surgery (including transplant) — C10a_1 — Number of RBC units transfused

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Inpatient medicine (including hematology/oncology)	C10a_2 Number of RBC units transfused
Emergency Department	C10a_3 Number of RBC units transfused
Obstetrics/Gynecology	C10a_4 Number of RBC units transfused
Pediatrics, including critical care	C10a_5 Number of RBC units transfused
Newborns, including critical care	C10a_6 Number of RBC units transfused
Adult critical care	C10a_7 Number of RBC units transfused
Outpatient and non-acute inpatient settings[1]	C10a_8 Number of RBC units transfused

[1]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 2025. (*This can be determined by location or by physician use*.) If whole blood-derived platelets were transfused, please convert them to pooled equivalent units.[1]

All surgery (including transplant)	C10b_1 Number of PLT units transfused
Inpatient medicine (including hematology/oncology)	C10b_2 Number of PLT units transfused
Emergency Department	C10b_3 Number of PLT units transfused
Obstetrics/Gynecology	C10b_4 Number of PLT units transfused
Pediatrics, including critical care	C10b_5 Number of PLT units transfused
Newborns, including critical care	C10b_6 Number of PLT units transfused
Adult critical care	C10b_7 Number of PLT units transfused
Outpatient and non-acute inpatient settings[2]	C10b_8 Number of PLT units transfused

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[1] 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.
[2]E.g., outpatient dialysis, rehabilitation, hospice, long-term care, etc.

C10c. During 2025, did your facility distribute blood products for transfusion in the pre-hospital setting?

- o Yes
- o No

C11. During 2025, did your institution routinely order **plasma** transfusions to non-pediatric patients based on:

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

C12a. During 2025, did your institution routinely order **prophylactic platelet** transfusions to non-pediatric patients based on:

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

C12b. During 2025, did your institution routinely order **therapeutic platelet** transfusions to non-pediatric patients based on:

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

C13. During 2025, 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 parentheses.)

Red cells, leukoreduced (P9016)

$ C13_1
Dollar amount paid per unit

☐ Not applicable C13_2

Apheresis platelets, leukoreduced (P9035)

$ C13_3
Dollar amount paid per unit

☐ Not applicable C13_4

$ C13_5

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Pathogen-reduced apheresis platelets (P9073)

_____
Dollar amount paid per unit
C13_6

☐ Not applicable

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

$ C13_7
Dollar amount paid per unit

☐ Not applicable C13_8

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

$ C13_9
Dollar amount paid per unit

☐ Not applicable C13_10

Cryoprecipitated AHF (P9012)

$ C13_11
Dollar amount paid per unit

☐ Not applicable C13_12

C14. During 2025, did your institution have a policy to transfuse only leukoreduced components?

- o Yes
- o No

C15. During 2025, did your institution have a policy to only transfuse irradiated components?

- o Yes
- o No

C16. During 2025, did your institution have an established program to manage patients who refuse any or all blood components for religious, cultural, or personal reasons?

- o Yes
- o No

C17a. During 2025, did your institution have a transfusion safety officer (TSO)?

- o Yes
- o No

(if no, skip to C18)

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

C17b
Number of TSOs

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

- ☐ Institution employee C17c_1
- ☐ Blood center employee C17c_2

C18. During 2025 at your institution, how many **whole blood/red blood cell crossmatch procedures** were…

Performed by any method	C18_1 Number of crossmatch procedures
Electronic crossmatch	C18_2 Number of crossmatch procedures
Manual serologic crossmatch	C18_3 Number of crossmatch procedures
Automatic serologic crossmatch	C18_4 Number of crossmatch procedures

C19. How many samples (patient specimens submitted for testing) did your institution receive at the blood bank during 2025?

C19
Number of samples

C20a. Has your institution implemented typing of red blood cell antigens using a molecular assay (e.g., genotyping)?

- o Yes
- o No (if No, skip to C21)

C20b. How many **red blood cell units** from donors who were **genotyped** (e.g., using a molecular assay) were transfused by your institution in 2025?

C20b
Number of units

C21a. During 2025, did your institution transfuse blood to individuals with sickle cell disease or thalassemia?

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- o Yes
- o No
  (if no, skip to C22)

C21b. During 2025, how many **red blood cell units** were transfused to individuals with sickle cell disease?

C21b
Number of units

C21c. During 2025, how many **red blood cell units** were transfused to individuals with thalassemia?

C21c
Number of units

C22. Does your institution have an electronic system for tracking transfusion-related adverse events?

- o Yes
- o No

C23a. Did your institution collect data on sample collection errors (e.g., wrong blood in tube) during 2025?

- o Yes
- o No (if no, skip to C24)

C23b. How many transfusion sample collection errors were reported during 2025?

C23b
Number of errors

C24. How many transfusion-related adverse reactions were reported to the transfusion service in 2025? (*Count only the number of reactions that required any diagnostic or therapeutic intervention.*)

Total reactions — C24_1 — Number of reactions

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

Life-threatening (required major medical intervention[1] following transfusion) — C24_2 — Number of reactions

FACILITY NAME _____ **NBCUS ID** _____

Transfusion-related acute lung injury (TRALI)	C24_3 Number of reactions
Transfusion-associated circulatory overload (TACO)	C24_4 Number of reactions
Acute hemolytic transfusion reaction (ABO)	C24_5 Number of reactions
Acute hemolytic transfusion reaction (other antibodies)	C24_6 Number of reactions
Delayed hemolytic transfusion reaction	C24_7 Number of reactions
Delayed serologic transfusion reaction	C24_8 Number of reactions
Febrile, non-hemolytic transfusion reaction	C24_9 Number of reactions
Hypotensive transfusion reaction	C24_10 Number of reactions
Post-transfusion purpura	C24_11 Number of reactions
Transfusion-associated dyspnea	C24_12 Number of reactions
Transfusion-associated graft-vs-host disease	C24_13 Number of reactions
Transfusion transmitted bacterial infection	C24_14_a Number of reactions
If yes, select all types of infections (dropdown: *Acinetobacter baumannii*, *Anaplasma phagocytophilum*, *Brucella* spp., *Clostridium perfringens*, *Coxiella burnetiid*, *Ehrlichia*, *Enterobacter* spp., *Klebsiella* spp., *Leclercia adecarboxylata*, *Listeria* spp., *Pseudomonas fluorescens*, *Salmonella* spp., *Serratia* spp. [*S. marcescens* and *S. liquefaciens*], *Staphylococcus* spp. [including *S. epidermidis*, *S. aureus*, *S. haemolyticus*], *Streptococcus gallolyticus* [bovis], *Yersinia enterocolitic*)	C24_14_b Select all that apply
Transfusion transmitted parasitic infection	C24_15 Number of reactions
Transfusion transmitted viral infection	C24_16 Number of reactions
Mild to moderate allergic reaction[2]	C24_17 Number of reactions
Severe allergic reaction[2]	C24_18

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_____
Number of reactions

[1]Examples include vasopressors, blood pressure support, intubation, or transfer to the ICU
[2]Refer to NHSN definitions of allergic reactions: https://www.cdc.gov/nhsn/PDFs/Biovigilance/BV-HV-protocol-current.pdf.

C25. During 2025, which of the following bacterial risk control strategies were used for platelets by the blood collection facility for platelets transfused at your facility?

- ☐ Culture-based strategy C25_1
- ☐ Pathogen reduction technology C25_2
- ☐ Unknown C25_3

C26a. Does your institution perform any kind of pre-transfusion bacterial testing on platelets? This does not include testing performed by the blood collection facility.

- o Yes
- o No (if no, skip to C27)

C26b. Indicate what methods are used by your institution to test for bacterial contamination.

	Secondary culture performed no sooner than Day 3	Secondary culture performed no sooner than Day 4	Rapid test[1]	Not tested	Not applicable
Apheresis platelets	☐C25b_1	☐ C25b_2	☐ C25b_3	☐ C25b_4	☐ C25b_5
WBD platelets, single	☐ C25b_6	☐ C25b_7	☐ C25b_8	☐ C25b_9	☐ C25b_10
WBD platelets, pooled	☐ C25b_11	☐ C25b_12	☐ C25b_13	☐ C25b_14	☐ C25b_15

[1]FDA-cleared rapid tests include PGD Verax and Immunetics BacTx.

C26c. How many confirmed positives and false positives were detected by the following methods during 2025?

Secondary culture performed no sooner than Day 3

Number tested — C26c_1
Number tested

Number of confirmed positives — C26c_2
Number of confirmed positives

Number of false positives — C26c_3
Number of false positives

Number of indeterminate results — C26c_4
Number of indeterminate results

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Not applicable ☐ C26c_5

Secondary culture performed no sooner than Day 4

Number tested C26c_6
Number tested

Number of confirmed positives C26c_7
Number of confirmed positives

Number of false positives C26c_8
Number of false positives

Number of indeterminate results C26c_9
Number of indeterminate results

Not applicable ☐ C26c_10

Rapid test

Number tested C26c_11
Number tested

Number of confirmed positives C26c_12
Number of confirmed positives

Number of false positives C26c_13
Number of false positives

Number of indeterminate results C26c_14
Number of indeterminate results

Not applicable ☐ C26c_15

C27a. During 2025, did your institution transfuse platelets treated with pathogen reduction technology (PRT)?

- o Yes
- o No (if No, skip to C28a)

C27b. During 2025, how many PRT-treated apheresis platelet units were transfused?

C27b
Number of units

C28a. Did your facility transfuse cold-stored platelets?

- o Yes
- o No (if No, skip C28b)

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C28b. How many units of cold-stored platelets were transfused?

C28b
Number of units

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.

Cryoprecipitate AHF (Antihemophilic Factor): A pooled blood product from multiple donors that is prepared from fresh frozen plasma (FFP) and comprised of cold insoluble proteins that precipitate when FFP is thawed. It contains plasma proteins such as Factor VIII, fibrinogen, Factor XIII, and von Willebrand Factor.

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 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.

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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).

Outdated: Units that expire on your shelf.

Pathogen-reduced Cryoprecipitate: Cryoprecipitate AHF that has been subjected to pathogen reduction using an FDA-approved device.

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.
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.[1]

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.

[1]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.