

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](mailto: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\*

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<sup>1</sup>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)

- ☐ 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:

**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<sup>1</sup>

B2f

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 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<sup>1</sup>

B2g\_3

Number of units collected

Triple<sup>1</sup>

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

<sup>1</sup>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**<sup>1</sup> were successfully prepared by your institution? (\* indicates a required field)

Individual cryoprecipitated AHF units\*

B2l

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.

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<sup>1\*</sup>

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<sup>2</sup>*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 componentsWhole blood donation<sup>1\*</sup>

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

<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.

<sup>2</sup>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<sup>1</sup>

B4\_3

Number presenting to donate

Total\*

B4\_4

Number presenting to donate

<sup>1</sup>"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<sup>1</sup>:

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<sup>2</sup>

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<sup>2</sup>

B5a\_16

Number of donors deferred

Total

B5a\_17

Number of donors deferred

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

<sup>2</sup>"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?<sup>1</sup>

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

<sup>1</sup>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<sup>1</sup>:

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

<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 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

<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 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 | <input type="text" value="B10a_1"/><br>Number of units imported |
| Autologous | <input type="text" value="B10a_2"/><br>Number of units imported |
| Directed   | <input type="text" value="B10a_3"/><br>Number of units imported |
| Total*     | <input type="text" value="B10a_4"/><br>Number of units imported |

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

|            |                                                                    |
|------------|--------------------------------------------------------------------|
| Allogeneic | <input type="text" value="B10a_5"/><br>Number of units distributed |
| Autologous | <input type="text" value="B10a_6"/><br>Number of units distributed |
| Directed   | <input type="text" value="B10a_7"/><br>Number of units distributed |
| Total*     | <input type="text" value="B10a_8"/><br>Number of units distributed |

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

|            |                                                                  |
|------------|------------------------------------------------------------------|
| Allogeneic | <input type="text" value="B10a_9"/><br>Number of units outdated  |
| Autologous | <input type="text" value="B10a_10"/><br>Number of units outdated |
| Directed   | <input type="text" value="B10a_11"/><br>Number of units outdated |
| Total*     | <input type="text" value="B10a_12"/><br>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 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          | <input type="text" value="B10b_1"/><br>Number of units imported |
| Allogeneic group O+ | <input type="text" value="B10b_2"/><br>Number of units imported |
| Allogeneic group O- | <input type="text" value="B10b_3"/><br>Number of units imported |
| Autologous          | <input type="text" value="B10b_4"/><br>Number of units imported |
| Directed            | <input type="text" value="B10b_5"/><br>Number of units imported |
| Total*              | <input type="text" value="B10b_6"/><br>Number of units imported |

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

|                     |                                                                     |
|---------------------|---------------------------------------------------------------------|
| Allogeneic          | <input type="text" value="B10b_7"/><br>Number of units distributed  |
| Allogeneic group O+ | <input type="text" value="B10b_8"/><br>Number of units distributed  |
| Allogeneic group O- | <input type="text" value="B10b_9"/><br>Number of units distributed  |
| Autologous          | <input type="text" value="B10b_10"/><br>Number of units distributed |
| Directed            | <input type="text" value="B10b_11"/><br>Number of units distributed |
| Total*              | <input type="text" value="B10b_12"/><br>Number of units distributed |

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

|                     |                                                                  |
|---------------------|------------------------------------------------------------------|
| Allogeneic          | <input type="text" value="B10b_13"/><br>Number of units outdated |
| Allogeneic group O+ | <input type="text" value="B10b_14"/><br>Number of units outdated |
| Allogeneic group O- | <input type="text" value="B10b_15"/>                             |

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Autologous

Number of units outdated

B10b\_16

Number of units outdated

Directed

B10b\_17

Number of units outdated

Total\*

B10b\_18

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 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<sup>1</sup> (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

<sup>1</sup>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)<sup>1</sup> (collected and imported)

Allogeneic

B10d\_4

Number of units distributed

Single collection

B10d\_5

Number of units distributed

Double collection<sup>1</sup>

B10d\_6

Number of units distributed

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Triple collection <sup>1</sup>

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

<sup>1</sup>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<sup>1</sup>

B10e\_2

Number of pools imported

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

Individual\*

B10e\_3

Number of units distributed

Platelet pools<sup>1</sup>

B10e\_4

Number of pools distributed

Outdated whole blood-derived platelets (collected and imported)

Individual\*

B10e\_5

Number of units outdated

Platelet pools<sup>1</sup>

B10e\_6

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 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<sup>1</sup> (collected and imported)

FFP<sup>2</sup>

B10f\_2

Number of units distributed

PF24<sup>3</sup>

B10f\_3

Number of units distributed

PF24RT24<sup>4</sup>

B10f\_4

Number of units distributed

Liquid

B10f\_5

Number of units distributed

Jumbo FFP (>400 mL)<sup>5</sup>

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

<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.

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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Distributed whole blood-derived plasma<sup>1</sup> (collected and imported)FFP<sup>2</sup>

Number of units imported

B10g\_2

Number of units distributed

PF24<sup>3</sup>

B10g\_3

Number of units distributed

Cryoprecipitate-reduced

B10g\_4

Number of units distributed

Liquid

B10g\_5

Number of units distributed

PF24RT24<sup>4</sup>

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

<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.

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

Units distributed<sup>1</sup>

B10h\_1

Number of units

Units outdated

B10h\_2

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

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

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

Imported cryoprecipitated AHF<sup>1</sup>

Individual units\*

B10i\_1

Number of units imported

Cryoprecipitated AHF pools<sup>1</sup>

B10i\_2

Number of pools imported

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

Individual units\*

B10i\_3

Number of units distributed

Cryoprecipitated AHF pools<sup>1</sup>

B10i\_4

Number of pools distributed

## Outdated cryoprecipitated AHF (collected and imported)

Individual units\*

B10i\_5

Number of units outdated

Cryoprecipitated AHF pools<sup>1</sup>

B10i\_6

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

B10j\_2

Number of units distributed

Outdated granulocyte units\* (collected and imported)

B10j\_3

Number of units outdated

<sup>1</sup>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<sup>1</sup>?

☐ Yes

☐ No

<sup>1</sup>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?

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

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

- ☐ Yes
- ☐ 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                  | <div><div>B13_1</div><div>Number of units leukoreduced</div></div> |
| Whole blood-derived RBC units      | <div><div>B13_2</div><div>Number of units leukoreduced</div></div> |
| Apheresis RBC units                | <div><div>B13_3</div><div>Number of units leukoreduced</div></div> |
| Whole blood-derived platelet units | <div><div>B13_4</div><div>Number of units leukoreduced</div></div> |

**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)?

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        | <div><div>B15_1</div><div>Number of units distributed</div></div> |
| Pathogen reduction technology | <div><div>B15_2</div><div>Number of units distributed</div></div> |

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

- ☐ Yes

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

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

- ☐ 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?

- ☐ Yes  
☐ No (if No, skip to C1)

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

B17b

Number of units distributed

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).) (\* indicates a required field)

- ☐ Yes
- ☐ No (if ‘No’, end of section)

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

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

**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)

- ☐ Yes
- ☐ 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  
☐ Not applicable **C2b\_4**

<sup>1</sup>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

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

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

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<sup>1</sup>

Number of units transfused to intended recipient\*

C4\_7

Number of units transfused

Number of recipients

C4\_8

Number of recipients

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

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

Outdated units\*

C4\_9

Number of units outdated

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

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

<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 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)<sup>1\*</sup>

C5a\_1

Number of units transfused

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

C5a\_2

Number of units transfused

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

C5a\_3

Number of units transfused

## Outdates

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

C5a\_4

Number of units outdated

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

C5a\_5

Number of units outdated

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

C5a\_6

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.

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

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

<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.

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<sup>1</sup> (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<sup>1</sup> (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 |

<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.

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

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

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\*<sup>1</sup>

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\*<sup>1</sup>

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

<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 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<sup>1</sup>

Whole blood

C6b\_1

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

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

Red blood cells

Number of units transfused

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 (&gt;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 ( $\leq 4$  months old) patients<sup>1</sup>

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

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

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

Whole blood-derived platelets

C6b\_17

Number of units transfused

Cryoprecipitated AHF

C6b\_18

Number of units transfused

Total number of neonatal ( $\leq 4$  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

<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? (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?

- ☐ Yes
- ☐ 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

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

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

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.<sup>1</sup> 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

<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.

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.<sup>1</sup> 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

<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 \_\_\_\_\_

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

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**?<sup>1</sup>

**C9\_1**  
Number of individual units in a pool

☐ Not applicable  
**C9\_2**

<sup>1</sup>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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FACILITY NAME \_\_\_\_\_

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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<sup>1</sup>

C10a\_8

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 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.<sup>1</sup>

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<sup>2</sup>

C10b\_8

Number of PLT units transfused

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

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

<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.

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

- ☐ Yes
- ☐ No

**C11.** During 2025, 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 2025, 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
- ☐ 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:

- ☐ 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

**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**

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

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

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?

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ 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?

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

(if no, skip to C18)

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

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

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)?

- ☐ Yes
- ☐ 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?

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

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

- ☐ Yes
  - ☐ 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?

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ 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<sup>1</sup> 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 burnetii*, *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 enterocolitica*)

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<sup>2</sup>

C24\_17

Number of reactions

Severe allergic reaction<sup>2</sup>

C24\_18

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

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

Number of reactions

<sup>1</sup>Examples include vasopressors, blood pressure support, intubation, or transfer to the ICU<sup>2</sup>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.

- ☐ Yes
- ☐ 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 <sup>1</sup>          | Not tested                       | Not applicable                   |
|-----------------------|--------------------------------------------------|--------------------------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Apheresis platelets   | <input type="checkbox"/> C25b_1                  | <input type="checkbox"/> C25b_2                  | <input type="checkbox"/> C25b_3  | <input type="checkbox"/> C25b_4  | <input type="checkbox"/> C25b_5  |
| WBD platelets, single | <input type="checkbox"/> C25b_6                  | <input type="checkbox"/> C25b_7                  | <input type="checkbox"/> C25b_8  | <input type="checkbox"/> C25b_9  | <input type="checkbox"/> C25b_10 |
| WBD platelets, pooled | <input type="checkbox"/> C25b_11                 | <input type="checkbox"/> C25b_12                 | <input type="checkbox"/> C25b_13 | <input type="checkbox"/> C25b_14 | <input type="checkbox"/> C25b_15 |

<sup>1</sup>FDA-cleared rapid tests include PGD Verax and Immunitics 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

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

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

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)?

- ☐ Yes
- ☐ 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?

- ☐ Yes
- ☐ No (if No, skip C28b)

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

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

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.

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

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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.<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).