NHSN Biovigilance Component
Tables of Instruction v2.0
www.cdc.gov/nhsn

Table 2. Hemovigilance Module Monthly Reporting Plan (CDC 57.301)

Data Field	Instructions for Form Completion
Facility ID#	The NHSN-assigned Facility ID number will be auto entered by the system.
Month	Required. Indicate the month for the reporting plan being entered.
Year	Required. Indicate the year for the reporting plan being entered.
Hemovigilance Module surveillance participation	Required. Select whether your facility will participate or not participate in facility-wide surveillance during the month. Participation requires complete reporting of all CDC-defined adverse reactions, reaction-associated incidents, and denominators for the entire month as specified in the surveillance protocol.