

Hemovigilance Module Annual Facility Survey

***Required fields**

*Facility ID#: _____ *AHA Facility ID #: _____ *Survey Year: _____

*Hemovigilance Module Point of Contact: _____ FDA Blood Bank Establishment ID #: _____

For all questions, use information from previous full calendar year.

Facility Characteristics

*Facility Setting: Urban Suburban Rural

*Total number of patient admissions in this survey year: _____ N/A

*Number of surgeries performed in this survey year: Inpatient _____ Outpatient: _____ N/A

*At what trauma level is your facility certified? I II Other N/A

*Do you collect blood for transfusion at your facility? Yes No
If Yes, check all that apply: Allogeneic Autologous Directed

*Does your facility perform point-of-issue bacterial testing on platelets prior to transfusion? Yes No Unknown

*Does your healthcare facility provide all of its own transfusion services, including all laboratory functions?

- Yes
- No, we contract with a blood center for some transfusion service functions.
- No, we contract with another healthcare facility for some transfusion service functions.
- No, we contract with a blood center for all transfusion service functions.
- No, we contract with another healthcare facility for all transfusion service functions.

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 30 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 (0920-0666).

***How many dedicated transfusion service staff members are there (enter 0, if none):**

Physicians: ___ Full Time ___ Part Time Medical Technologists: ___ Full Time ___ Part Time

Medical Laboratory Technicians: ___ Full Time ___ Part Time

***Is the transfusion service laboratory accredited?** Yes No

If Yes, select all accrediting bodies that apply: College of American Pathologists (CAP)

Association for the Advancement of Blood & Biotherapies (AABB) Other: _____

Transfusion Computerization

***Does your facility use an electronic blood banking management system?** Yes No (If No, skip questions below)

If Yes, select system(s) used: (check all that apply)

- Meditech® Softbank® Medware (LIS/Hemocare Lifeline Transfusion HCLL®)
 Oracle/Cerner (Cerner Millennium Blood Bank®/Oracle Health HER/Oracle Health Blood Bank)
 Epic Systems (Beaker/LIS) WellSky (Blood Bank/Transfusion) VistA Blood Establishment Computer Software (VBECS)
 Blood Bank Computer Systems (BBCS)® Allscripts (Misys®/ Sunquest) RLDatix/RL Solutions
 Haemonetics (Safetrace Tx®/Horizon BB®/BloodTrack Tx®) Vigilanz Other (please specify): _____

If Yes, does the system use ISBT-128 codes to record product information? Yes No

***Are transfusions entered into a facility-wide electronic reporting system?** Yes No (If No, skip questions below)

If Yes, select system(s) used: (check all that apply) If Yes, does the system use ISBT-128? Yes No

- Meditech® Softbank® Medware (LIS/Hemocare Lifeline Transfusion HCLL®)
 Oracle/Cerner (Cerner Millennium Blood Bank®/Oracle Health HER/Oracle Health Blood Bank)
 Epic Systems (Beaker/LIS) WellSky (Blood Bank/Transfusion) VistA Blood Establishment Computer Software (VBECS)
 Blood Bank Computer Systems (BBCS)® Allscripts (Misys®/ Sunquest) RLDatix/RL Solutions
 Haemonetics (Safetrace Tx®/Horizon BB®/BloodTrack Tx®) Vigilanz Other (please specify): _____

***Are the transfusion-related adverse events (i.e., TACO, TRALI, AHTR, TTI) entered into a facility-wide electronic reporting system?** Yes No (If No, skip questions below)

If Yes, select system(s) used: (check all that apply) If Yes, does the system use ISBT-128? Yes No

- Meditech® Softbank® Medware (LIS/Hemocare Lifeline Transfusion HCLL®)
 Oracle/Cerner (Cerner Millennium Blood Bank®/Oracle Health HER/Oracle Health Blood Bank)
 Epic Systems (Beaker/LIS) WellSky (Blood Bank/Transfusion) VistA Blood Establishment Computer Software (VBECS)
 Blood Bank Computer Systems (BBCS)® Allscripts (Misys®/ Sunquest) RLDatix/RL Solutions
 Haemonetics (Safetrace Tx®/Horizon BB®/BloodTrack Tx®) Vigilanz Other (please specify): _____

Total Units Transfused by Blood Component (used to calculate facility adverse reaction rates)

Please report the total number of units transfused and discarded at your facility for the survey year. 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 (7,500mL) as 15 units. Data regarding pathogen reduction is optional but would allow CDC to calculate product-specific adverse reaction rates.

	<u>Units Transfused</u>	<u>Total Discards</u>
*All components	_____	_____
*Red Blood Cells	_____	_____
Apheresis	_____	_____
Whole Blood Derived	_____	_____
Irradiated ¹	_____	_____
Leukoreduced ¹	_____	_____
*Platelets	_____	_____
Apheresis	_____	_____
Psoralen-treated	_____	_____
Psoralen-treated in plasma	_____	_____
Psoralen-treated in platelet additive solution	_____	_____
Whole Blood Derived ²	_____	_____
Psoralen-treated	_____	_____
Irradiated ¹	_____	_____
Leukoreduced (only if whole-blood derived)	_____	_____
*Plasma	_____	_____
Apheresis	_____	_____
Psoralen-treated	_____	_____
Whole Blood Derived	_____	_____
Psoralen-treated	_____	_____
*Cryoprecipitated Antihemophilic Factor	_____	_____
Pathogen Reduction Cryoprecipitated Fibrinogen Complex	_____	_____
*Whole Blood	_____	_____

¹Includes apheresis and whole blood derived units. ²Whole blood-derived platelets are also referred to as pooled PLTs in clinical practice. Please report the number of units transfused.