



## Hemovigilance Module Monthly Reporting Denominators

\*Required for saving

\*Facility ID#: \_\_\_\_\_ \*Month: \_\_\_\_\_ \*Year: \_\_\_\_\_

Products		*Units Transfused	*Aliquots Transfused	*Total Discards
Whole Blood		<b>TOTAL</b>		
Red blood cells	Whole blood derived	<b>TOTAL</b>		
		Not irradiated or leukocyte reduced		
		Irradiated		
		Leukocyte reduced		
		Irradiated and leukocyte reduced		
	Apheresis	<b>TOTAL</b>		
		Not irradiated or leukocyte reduced		
		Irradiated		
		Leukocyte reduced		
		Irradiated and leukocyte reduced		
Platelets	Whole blood derived	<b>TOTAL</b>		
		Not irradiated or leukocyte reduced		
		Irradiated		
		Leukocyte reduced		
		Irradiated and leukocyte reduced		
	Apheresis	<b>TOTAL</b>		
		Not irradiated or leukocyte reduced		
		Irradiated		
		Leukocyte reduced		
		Irradiated and leukocyte reduced		
Plasma (all types)	Total whole blood derived			
	Total apheresis			
Cryoprecipitate				

\*Patient samples collected for type and screen or crossmatch: \_\_\_\_\_

\*Total crossmatch procedures: \_\_\_\_\_

Total patients transfused: \_\_\_\_\_

Custom Fields	
Label _____	Label _____
_____	_____

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Public reporting burden of this collection of information is estimated to average 60 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 D-74, Atlanta, GA 30333 ATTN: PRA (0920-0666).