

Clinical Laboratory Program

99 Chauncy Street, 2nd Floor, Boston, MA 02111

(617)753-8439/8438 (617) 753-8240 - Fax

BLOOD BANK MONTHLY ACTIVITY REPORT

Directions for completion of form

Complete and return no later than **10** calendar days following the end of a calendar month.

[Clinical Laboratory Program](#)

99 Chauncy Street, 2nd Floor

Boston, MA 02111

Phone 617-753-8439 Fax 617-753-8240

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Blood Bank Demographics

Complete all information:

Facility number (page 1 and 2), Name, Address, Bed Size

Names of Blood Bank Medical Director and Supervisor

Blood Bank phone number (include area code)

Adverse Effects of Transfusions

DISEASE TRANSMISSION SOURCES

Enter the source of the units (BB donor program, American Red Cross, National Blood Exchange, etc.) – include state if from a non-Massachusetts source

REACTIONS – IMMEDIATE

Immediate Hemolytic Reactions due to ABO incompatibility

enter on this report and also report immediately to the DPH – Clinical Laboratory Program [617-753-8439 or 617-753-7014]

Immediate Hemolytic Reaction (non-ABO)

Enter total number and specify the antibody which caused the reaction

REACTIONS – OTHER

Enter total number of each reaction type

use the American Association of Blood Bank definitions found in the most recent edition of the Technical Manual

Source of Products

Enter the overall **estimated** percent for each source listed

NOTE:

A serious incident report **MUST** be filed with the DPH whenever a patient receives an incorrect unit of blood even if it is type compatible (e.g., unit given to wrong patient, wrong patient receives blood, patient mis-typed). Information relating to the reporting of a serious incident can be found in Circular Letter: DHCQ-12-98-385 – Hospital Reporting of Serious Incidents, which was sent to all hospitals in December 1998.

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STATISTICS

Statistics are to be reported by the Blood Bank providing crossmatch services and should include all units for all facilities supported by the Blood Bank (e.g., hospitals, End Stage Renal Dialysis facilities, Transitional Care Units, etc.). Facilities which provided Transfusion Services ONLY should not report their statistics on this form.

Blood Bank – a facility equipped and staffed to procure, draw, process, store and/or dispense blood and/or blood components.

Transfusion service – a service designed, equipped and staffed to dispense and/or administer blood and/or blood components.

Complete the data by entering one digit per box, ending in the farthest right hand box.

0	0	,	0	6	4
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TRANSFUSED UNITS: blood product units which are not wasted and/or transferred. Report individually as Transfused; Transfused Washed; or Transfused Autologous.

WASTED UNITS: blood product units which are not transfused and/or transferred. Report as Wasted [includes washed, if applicable] and Wasted Autologous.

TRANSFERRED UNITS: report number of units received into inventory and then transferred to another Blood Bank.

TOTAL CROSSMATCHES: report number of crossmatches [full, immediate spin, computer] performed for Whole Blood and Red Blood Cells.

TOTAL IRRADIATED BLOOD PRODUCTS: report the total number of units of blood/blood components that were irradiated before infusion. Irradiated units are not to be counted separately in the above reported statistics.

BLOOD BANK MONTHLY ACTIVITY REPORT

Facility # _____

Month ____ / ____

Name of Facility _____

Street/City/Zip _____

BB Medical Director _____

BB Supervisor _____

BB Phone Number _____ Bed Size _____

ADVERSE EFFECTS OF TRANSFUSIONS

Disease Transmission Sources	Number	Source of Units
Hepatitis B	_____	_____
Hepatitis C	_____	_____
Hepatitis Other	_____	_____
HIV / AIDS	_____	_____
Other _____ <small>(SPECIFY)</small>	_____	_____

Reactions		MUST be reported to DPH IMMEDIATELY Specify _____
Immediate Hemolytic (ABO)	_____	
Immediate Hemolytic (Other)	_____	
Delayed	_____	
Febrile	_____	
Non-hemolytic	_____	
TRALI	_____	
GVHD	_____	
Bacterial Assoc Contamination	_____	
Plt - Refractory	_____	
Other _____ <small>(SPECIFY)</small>	_____	

Source of Products (Estimate Percent)

On-Site Donor Program	_____ %
American Red Cross	_____ %
Other Local Sources	_____ %
Out-of-State Sources	_____ %

NOTE:

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BLOOD BANK MONTHLY ACTIVITY REPORT

Facility # _____

Month ____/____

		Transfused	Transfused Washed	Transfused Autologous
WHOLE BLOOD		<input type="text"/>	<input type="text"/>	<input type="text"/>
RBC	-Packed	<input type="text"/>	<input type="text"/>	<input type="text"/>
	-Froz/Gly	<input type="text"/>	<input type="text"/>	<input type="text"/>
	-Leukoreduced	<input type="text"/>	<input type="text"/>	<input type="text"/>
PLTS	-Conc	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Leukoreduced	<input type="text"/>	<input type="text"/>	<input type="text"/>
PLTS	-Pheresis	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Leukoreduced	<input type="text"/>	<input type="text"/>	<input type="text"/>
PLASMA	-Fresh Frozen	<input type="text"/>	<input type="text"/>	<input type="text"/>
	-Solvent/Detergent	<input type="text"/>	<input type="text"/>	<input type="text"/>
CRYOPRECIPITATE		<input type="text"/>	<input type="text"/>	<input type="text"/>

		Wasted	Wasted Autologous	Transferred
WHOLE BLOOD		<input type="text"/>	<input type="text"/>	<input type="text"/>
RBC	-Packed	<input type="text"/>	<input type="text"/>	<input type="text"/>
	-Froz/Gly	<input type="text"/>	<input type="text"/>	<input type="text"/>
	-Leukoreduced	<input type="text"/>	<input type="text"/>	<input type="text"/>
PLTS	-Conc	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Leukoreduced	<input type="text"/>	<input type="text"/>	<input type="text"/>
PLTS	-Pheresis	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Leukoreduced	<input type="text"/>	<input type="text"/>	<input type="text"/>
PLASMA	-Fresh Frozen	<input type="text"/>	<input type="text"/>	<input type="text"/>
	-Solvent/Detergent	<input type="text"/>	<input type="text"/>	<input type="text"/>
CRYOPRECIPITATE		<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Crossmatches

Total Irradiated Blood Products