Form Approved
OMB No. 0920-0666
Exp. Date: 12/31/2026
www.cdc.gov/nhsn

NHSN
NATIONAL HEALTHCARE SAFETY NETWORK

# Hemovigilance Module
# Monthly Reporting Denominators

*Required for saving

*Facility ID#: _____ *Month: _____ *Year: _____

**Table 1**

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

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*Does your facility transfuse blood products treated with pathogen reduction technology? _____ Yes _____ No
^If yes, then complete Table 2.

**Table 2**

| Products | | | Units Transfused | Aliquots Transfused | Total Discards |
|---|---|---|---|---|---|
| Red blood cells | Whole blood derived | TOTAL | | | |
| | | S-303-treated | | | |
| | | Riboflavin-treated | | | |
| | Apheresis | TOTAL | | | |
| | | S-303 -treated | | | |
| | | Riboflavin-treated | | | |
| Platelets | Whole blood derived | TOTAL | | | |
| | | Psoralen-treated | | | |
| | | Riboflavin-treated | | | |
| | Apheresis | TOTAL | | | |
| | | Psoralen-treated | | | |
| | | Riboflavin-treated | | | |
| Plasma (all types) | Whole blood derived | TOTAL | | | |
| | | Psoralen-treated | | | |
| | | Riboflavin-treated | | | |
| | Apheresis | TOTAL | | | |
| | | Psoralen-treated | | | |
| | | Riboflavin-treated | | | |
| Cryoprecipitate | | TOTAL | | | |
| | | Psoralen-treated | | | |
| | | Riboflavin-treated | | | |
| | | Pathogen Reduction Cryoprecipitated Fibrinogen Complex | | | |

^If your facility transfused pathogen reduced apheresis platelets (e.g., the apheresis platelet total in table 2 is greater than 0), then complete Table 3.

**Table 3**

| Products | | | Units Transfused | Aliquots Transfused | Total Discards |
|---|---|---|---|---|---|
| Platelets | Apheresis | Psoralen-treated | | | |
| | | Psoralen-treated and in Plasma | | | |
| | | Psoralen-treated and in Platelet additive solution | | | |
| | | Riboflavin-treated | | | |
| | | Riboflavin-treated and in Plasma | | | |
| | | Riboflavin-treated and in Platelet additive solution | | | |

*Patient samples collected for type and screen or crossmatch: _____

*Total crossmatch procedures: _____

Total patients transfused: _____

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| Custom Fields | |
|---|---|
| Label | Label |
| _____ _____ | _____ _____ |
| _____ _____ | _____ _____ |
| _____ _____ | _____ _____ |
| _____ _____ | _____ _____ |