## **Basic Information**



## AABB Monthly Platelet and Group O Survey: Quarter 1 (Q1) 2024 Invitation

Please report for the months of Q1 2024.
Name of Institution
Have you completed the baseline survey ?
O Yes
O No *
*If the baseline is not complete:
Please provide the number of your hospital beds.
O <50
O 50-200
O 201-500
O 501 - 1000
O >1000

To be completed by all hospital transfusion services

## **Monthly questions**

	While providing data on platelet units- do not include aliquots for pediatric patients (unless specified). Please provide numeric value only without any sign e.g., %  January 2024	While providing data on platelet units- do not include aliquots for pediatric patients (unless specified). Please provide numeric value only without any sign e.g., % February 2024	While providing data on platelet units- do not include aliquots for pediatric patients (unless specified).  Please provide numeric value only without any sign e.g.,  March 2024
1. How many platelet units did your hospital transfuse during the full calendar month of: [Unit=Single apheresis unit/ equivalent standard size pooled whole blood derived platelets/prepooled whole blood derived platelets(Acrodose/Imugard)]			
2. How many <b>low yield platelet units</b> did your hospital receive from your blood supplier during the full calendar month of:			
3. For hospital platelet wastage during the full calendar month of:  a. Approximately how many units of platelets did your hospital waste due to outdate?			
b. Approximately how many units of platelets did your hospital <b>waste</b> for other reasons (see definitions)?			
4. How many Allogeneic Red Blood Cell (RBC) units did your hospital transfuse during the full calendar month of:			
5. For hospital RBC wastage during the full calendar month of:  a. Approximately how many units of RBCs did your hospital waste due to outdate?			
a. Approximately how many units of RBCs did your hospital waste due to outdate?			
6. How many group O RBC did your hospital transfuse during the full calendar			

	While providing data on platelet units- do not include aliquots for pediatric patients (unless specified). Please provide numeric value only without any sign e.g., %	While providing data on platelet units- do not include aliquots for pediatric patients (unless specified). Please provide numeric value only without any sign e.g., %	While providing data on platelet units- do not include aliquots for pediatric patients (unless specified).  Please provide numeric value only without any sign e.g.,
	January 2024	February 2024	March 2024
month of : i. Group O+ ii. Group O-			